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APRIL 1973

**A Survey
of Nurses Registered in North Carolina in 1971.
The survey was partially supported by Department
of Health, Education and Welfare, Public Health
Service, Nursing Division, Grant #5 RO2-NU-00343**

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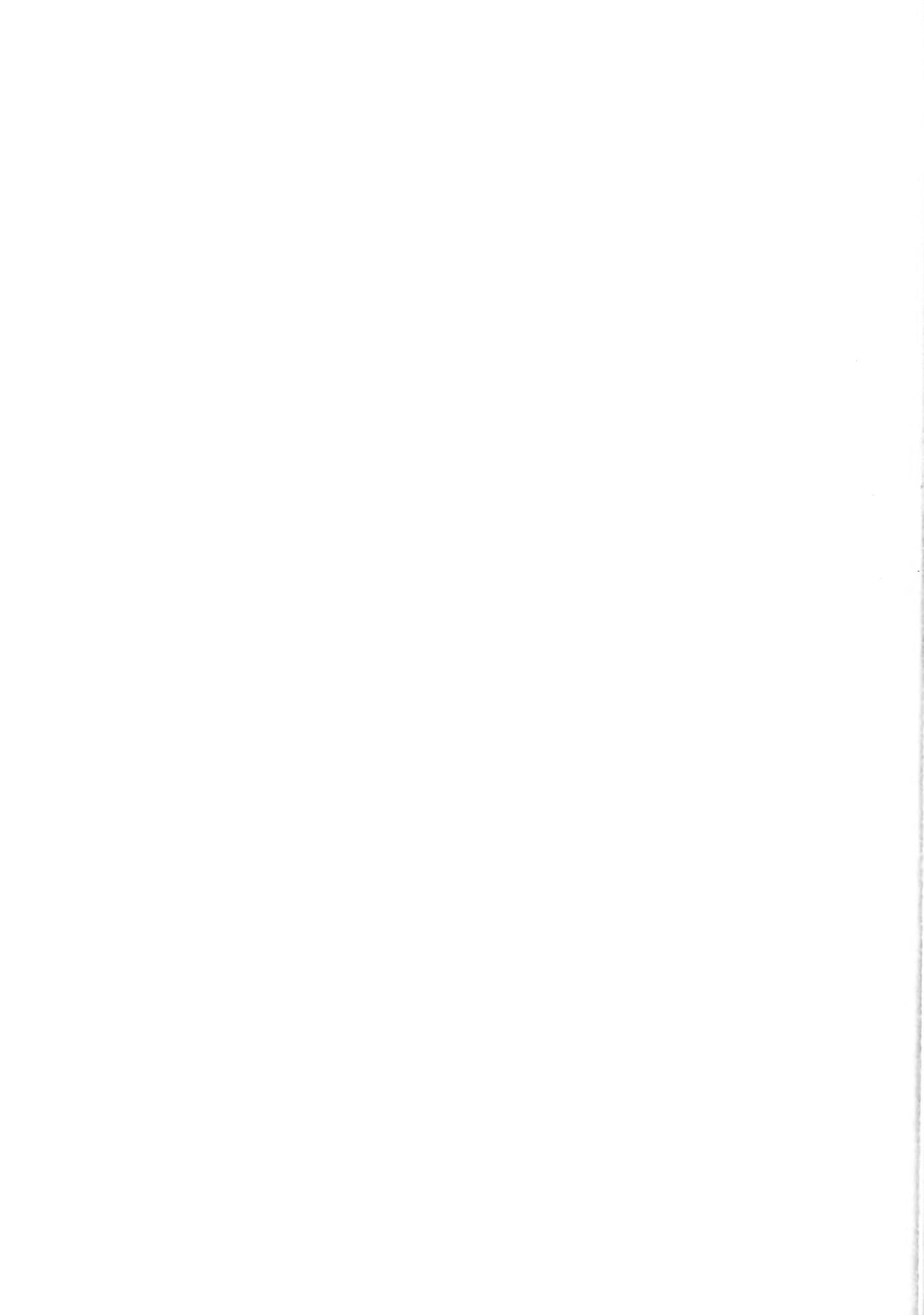
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ABBREVIATIONS

UNC-CH	University of North Carolina, Chapel Hill, North Carolina
UNC-C	University of North Carolina, Charlotte, North Carolina
UNC-G	University of North Carolina, Greensboro, North Carolina
ECU	East Carolina University, Greenville, North Carolina
WCU	Western Carolina University, Cullowhee, North Carolina



Acknowledgements

This "every nurse" survey was initiated by the leadership of the North Carolina State Nurses' Association. An Ad Hoc Steering Committee of the Association began frequent planning meetings in June of 1971 to develop the purposes of the survey, the general approach, broad informational areas to be included, and potential resources to support the investigation. Members of this committee were: Mrs. Frankie Miller, Interim Administrator, NCSNA; Patricia Gendreau, Associate Executive Director, NCSNA; Mrs. Mary Edith Rogers, President; Rose George, Director; and Mrs. Catherine Layton, Director. Dr. Eloise Lewis, Chairman of the Long Range Planning Committee, and Audrey Booth served as Co-Chairmen.

The complexity and expense of the proposed survey designed to serve as a data base for a variety of planning needs was immediately apparent. Inasmuch as no one major funding source could be identified, the collaboration and contributions of a variety of institutions, agencies and individuals have supported the total effort.

Partial financial support was secured with the assistance of Dean Lucy Conant of the School of Nursing, University of North Carolina at Chapel Hill, through its faculty Research Fund (from the Department of Health, Education, and Welfare, Public Health Service, Nursing Division, Grant #5-NU-00343). Rose George and Audrey Booth, faculty members at the School of Nursing, were Co-Investigators.

Other forms of support were supplied by the School of Nursing, University of North Carolina at Greensboro, which provided the printing of 20,000 copies of the research instrument; by the North Carolina Board of Nursing, which provided the names and addresses of the currently registered nurses; and by the North Carolina Regional Medical Program which provided secretarial services for much of the addressing and partial printing costs. The North Carolina State Nurses' Association provided manpower assistance with mechanics and costs of mailing and partial printing costs.

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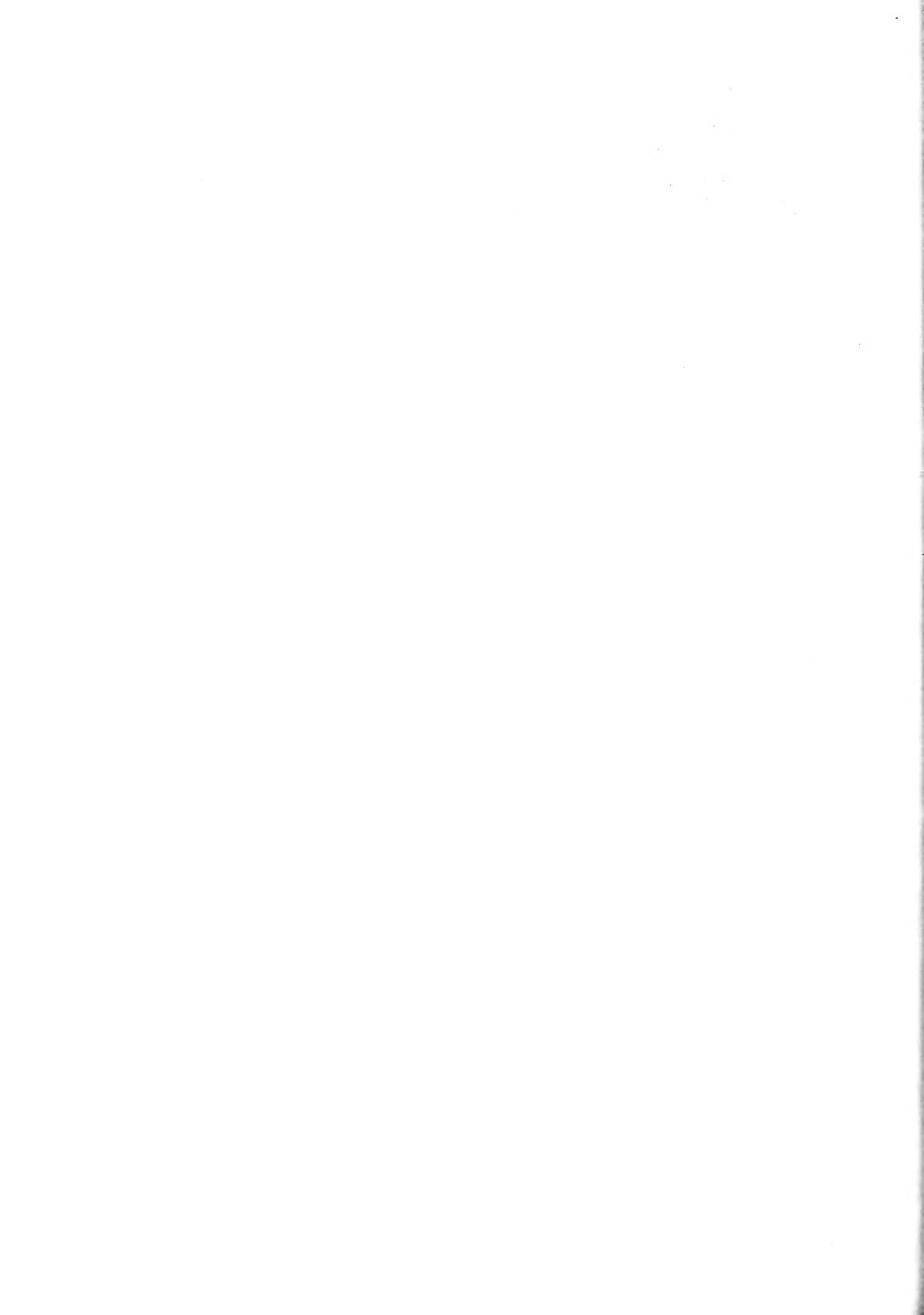
Mrs. Ann Burns, secretary for the Research and Development Grant contributed her services at various important intervals throughout the project. Patricia J. Jones, Coordinator of Communications at the North Carolina Regional Medical Program, provided editorial services and supervised the NCRMP secretaries' preparation of the final copy.



We thank the 6136 nurse respondents who provided us the raw material without which the study could not have been accomplished.

Perhaps we are most grateful to our Colleagues on the Ad Hoc Committee, the Board of Directors, and to other NCSNA Committees and groups with planning responsibility for nursing for their support and encouragement throughout the planning and implementation of this study.

Rose George
Audrey Booth
Co-Investigators



Introduction

The need for overall state planning for nursing is widely recognized by national and state groups. Recent developments in North Carolina have served to prepare the climate for a collaborative effort in data collection with the intention that the product might serve a variety of planning functions.

The Board of Directors of the North Carolina State Nurses' Association is engaged in the process of reallocation of their available resources -- both employed staff and fiscal resources.¹ Selection of relevant program priorities must be based on sound information as to the needs of nurses in North Carolina.

North Carolina has been designated one of the nine demonstration states acting as laboratories for the implementation of the National Commission for Study of Nursing and Nursing Education recommendations. As a part of this activity, the North Carolina State Nurses' Association requested the Joint Committee on Nursing Education of the State Board of Education and the State Board of Higher Education to serve as the "master planning committee which is taking nursing education under its purview."²

The Department of Continuing Education at the University of North Carolina at Chapel Hill has taken the leadership in statewide planning for continuing education since the department's inception ten years ago. Greater demands for continuing education, along with increasing educational resources around the state, are changing that leadership from the limited role of provider to that of the lead agency, providing the communication mechanism and data relating to need which will supply tangible support to the cooperative planning and cooperative ventures -- catalyzed by the Advisory Committee for Continuing Education for Nursing in North Carolina.³

The formation of the Legislative Research Commission Committee on the Lawful Role of the Nurse in January of 1972 was very timely in the stimulation of the interest of the Advisory Committee for Continuing Education in preparing a proposal for supplying an accessible network of continuing education for all nurses in North Carolina. This Advisory Committee requested specific collected data for documentation of the proposal.

1 "President's Message" and "Talk Back and Help Us Plan for the Future," Tarheel Nurse, 33:2:3&6, June 1971.

2 "National Commission for the Study of Nursing and Education," American Journal of Nursing, 70:2:287, February 1970.

3 Eloise R. Lewis, "Statewide Planning for Nursing Education in North Carolina," Agenda Book, Sixteenth Meeting, SREB Council on Collegiate Education for Nursing, p. 28, March 31, 1971.



A subcommittee of the Council on Practice of the North Carolina State Nurses' Association explored the issue of relicensure and is interested in the expressed needs of the respondents relating to areas of special interest for continuing education.

The base of information which this survey provides has the potential for stimulating a variety of coordinated solutions for planning for nursing in North Carolina. It will be supportive to the planning efforts of the North Carolina State Nurses' Association, to the Joint Committee on the Lawful Role of the Nurse, to the Advisory Committee on Continuing Education in North Carolina, and to the University of North Carolina at Chapel Hill for planning for its Basic, Graduate, and Continuing Education Programs. Other programs preparing nurses in North Carolina as well as Comprehensive Health Planning "B" agencies have expressed their interest in the data.

The primary purpose of the study was the generation of data about the needs of nurses, as described above, which would enable them to give the best possible nursing care.

Two secondary purposes were:

1. the provision of the information to every registered nurse in North Carolina in the form of options which might be available which could serve as a motivating factor in continued self-development. Questions were directed toward interest in acquisition of new skills, preparation for new nursing functions, influencing nursing care planning, and professional recognition for excellence of practice.
2. an opportunity for the 18,312 registered nurses in North Carolina to express their perception of the role and responsibilities to North Carolina State Nurses' Association. It is conceivable that a side effect might be stimulation to membership.

This study is viewed as a first phase. A projected second phase is further exploration with a sample of the respondents to the initial survey to provide more in-depth data for the interested groups identified above and for additional areas of interest.

The first-phase study was initiated by an Ad Hoc Steering Committee of the North Carolina State Nurses' Association appointed to initiate a nursing survey. Resources were identified (as outlined in acknowledgments) which were pooled to provide partial support for implementation.

Although a review was done of major nursing studies completed in the state since 1950 (graduate theses and dissertations were not surveyed), this is the first "every nurse" survey conducted in North Carolina for determining the individual practitioner's assessment of individual needs.



The Questionnaire

A questionnaire was sent to 18,312 nurses registered in North Carolina and listed on the April 1971 roster of the North Carolina Board of Nursing.

The first page of the questionnaire was a letter to the nurse asking for help in the survey project. This was followed by the questions, 80 in all. (Appendix A.)

The questionnaire was designed to elicit data which were biographical; provided information relative to the formal and informal educational needs and desires of the respondents; showed how the nurses view themselves in terms of influence on patient care and patient care policies; and provided priority ratings for activities of the North Carolina State Nurses' Association.

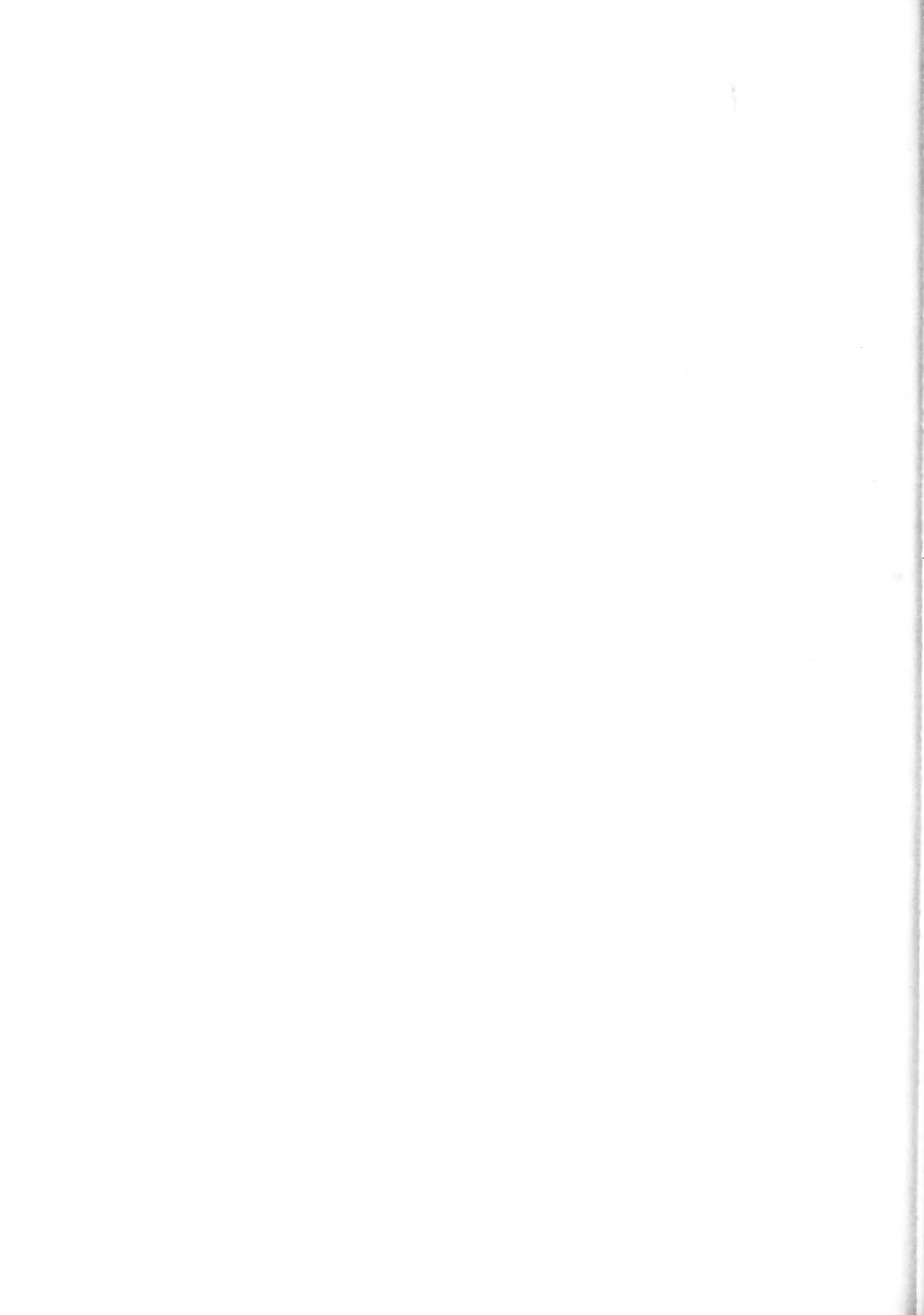
Space was provided for the nurse to comment on feelings about NCSNA and suggest responsibilities the organization should assume.

PRETESTING OF QUESTIONNAIRE

Pretesting of the original questionnaire was conducted through the University of North Carolina School of Nursing at Chapel Hill. Thirty-three public health nurse trainees, who had worked in a variety of settings prior to their employment in local health departments, were given the questionnaire while they were attending a workshop. Their responses were the basis for a number of changes in the original questionnaire. Suggestions from many colleagues who reviewed the instrument were invaluable in its refinement.

Following pretest and review, the questionnaires were mailed to all nurses registered in North Carolina. A first class, postpaid, return envelope was included. However, this material was not sent as first class mail, and it is felt that this was responsible for fewer returns. Many nurses stated they had moved and had not received questionnaires. Whenever possible these individuals were supplied with questionnaires.

The data have been computerized and cross-tabulated in a variety of ways that provide a basis for analysis, with focus on questions related to continuing education, baccalaureate and graduate education, and activities of the North Carolina State Nurses' Association.

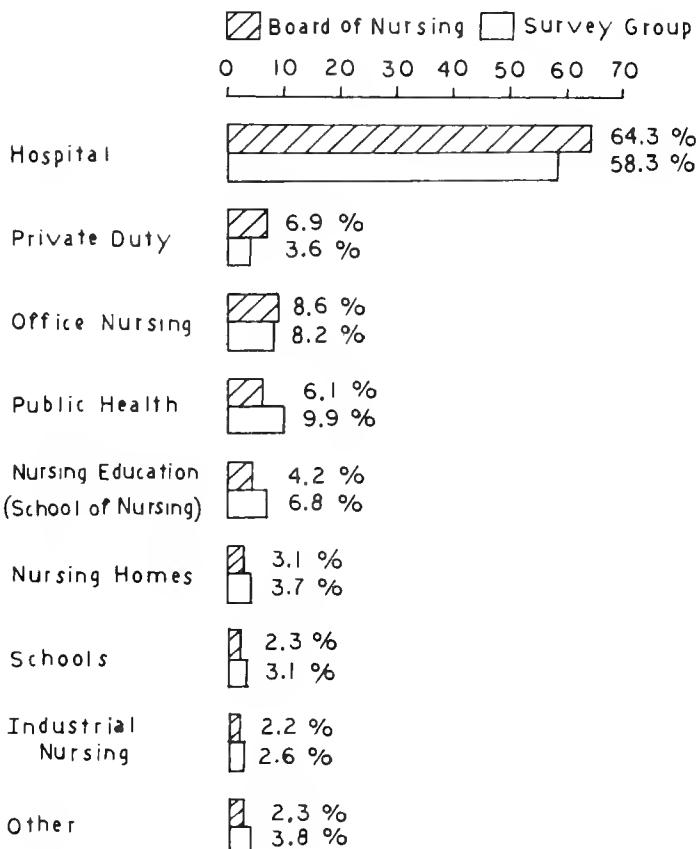


Profile of Respondents

The study group consisted of 6,136 registered nurses who responded to a mailed questionnaire. Comparison was made with the profile of nurses who were registered in North Carolina in 1971. The study sample was over-representative of nurses who work in public health, schools of nursing, and nursing homes; and under-representative of nurses who work in hospitals and do private duty (Graph 1).

Graph 1

Percentage of Survey Group and
Board of Nursing Group Employed in Various Settings

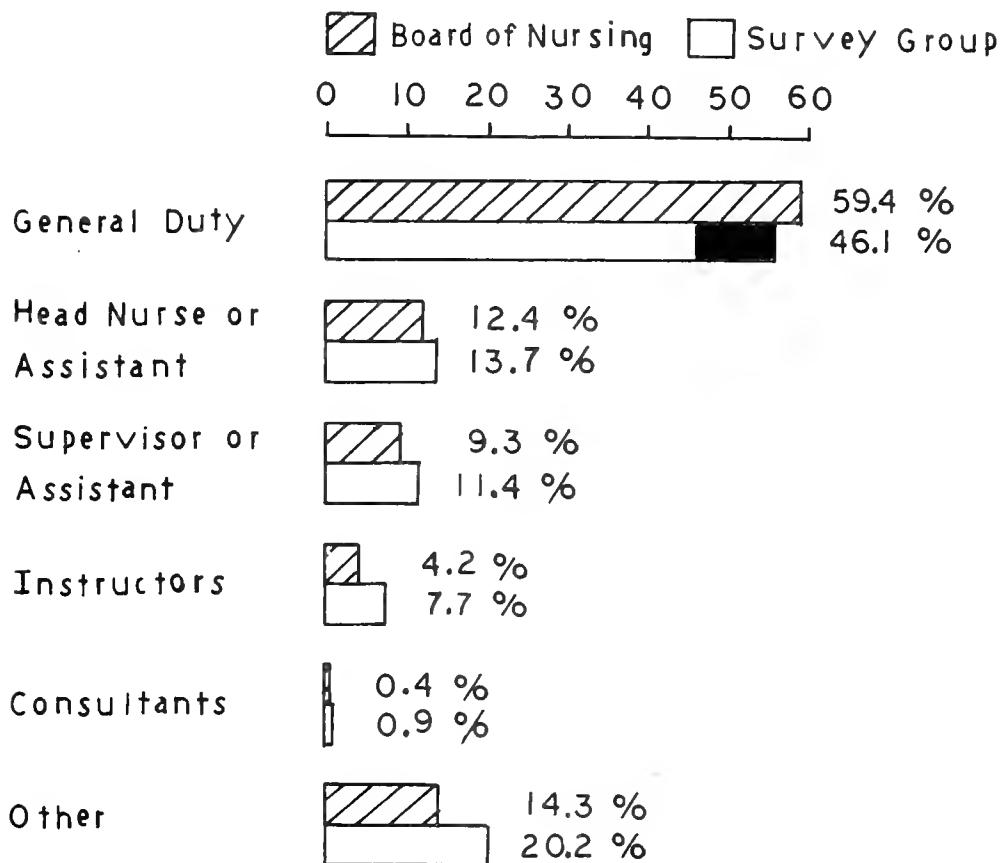




The ratios of the Survey Sample do not correspond to those of the Board of Nursing population. When one looks at the types of positions in which nurses are employed, it can be seen that general duty and staff nursing are under-represented, whereas supervisors, instructors and consultants are slightly over-represented (Graph 2). It should be noted, however, that the size of the sample is large enough for generalizations to be made concerning the various groups of nurses.

Graph 2

Percentage of Survey Group and
Board of Nursing Group Employed in Various Positions



The educational background of nurses can be seen in Table 1 for both the Board of Nursing population and the study sample. As was anticipated, those with higher educational backgrounds responded in greater numbers than those without degrees. The percentage of respondents for each educational level increased as years of education advance. The percentage of those with baccalaureate degrees who responded was 73.0% and those with Master's degrees was 73.7%.

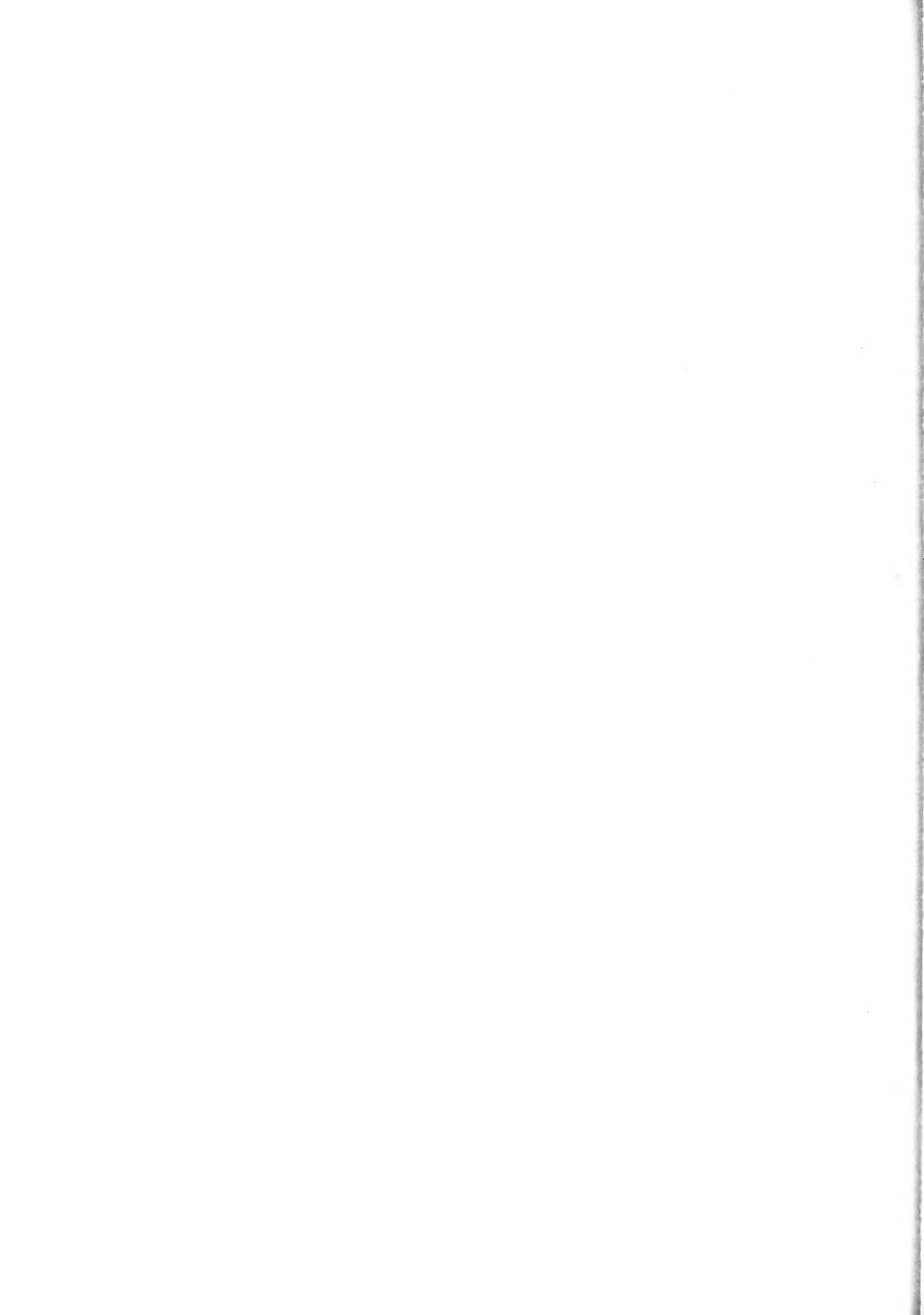


Table 1

Survey Group Respondents and North Carolina
Board of Nursing Registrants by Educational Level

Educational Level	Survey Group No.	%*	Board of Nursing Registrants No.	%
No degree	3751	23.5	15,974	87.2
Baccalaureate	1426	73.0	1,953	10.7
Master's in Nursing	193	73.7	262	1.4
Master's in Other	87	82.8	105	.6
Doctorate	15	83.3	18	.1
Total	5,472**		18,312	100%

* Percent of all North Carolina Board of Nursing Registrants in category

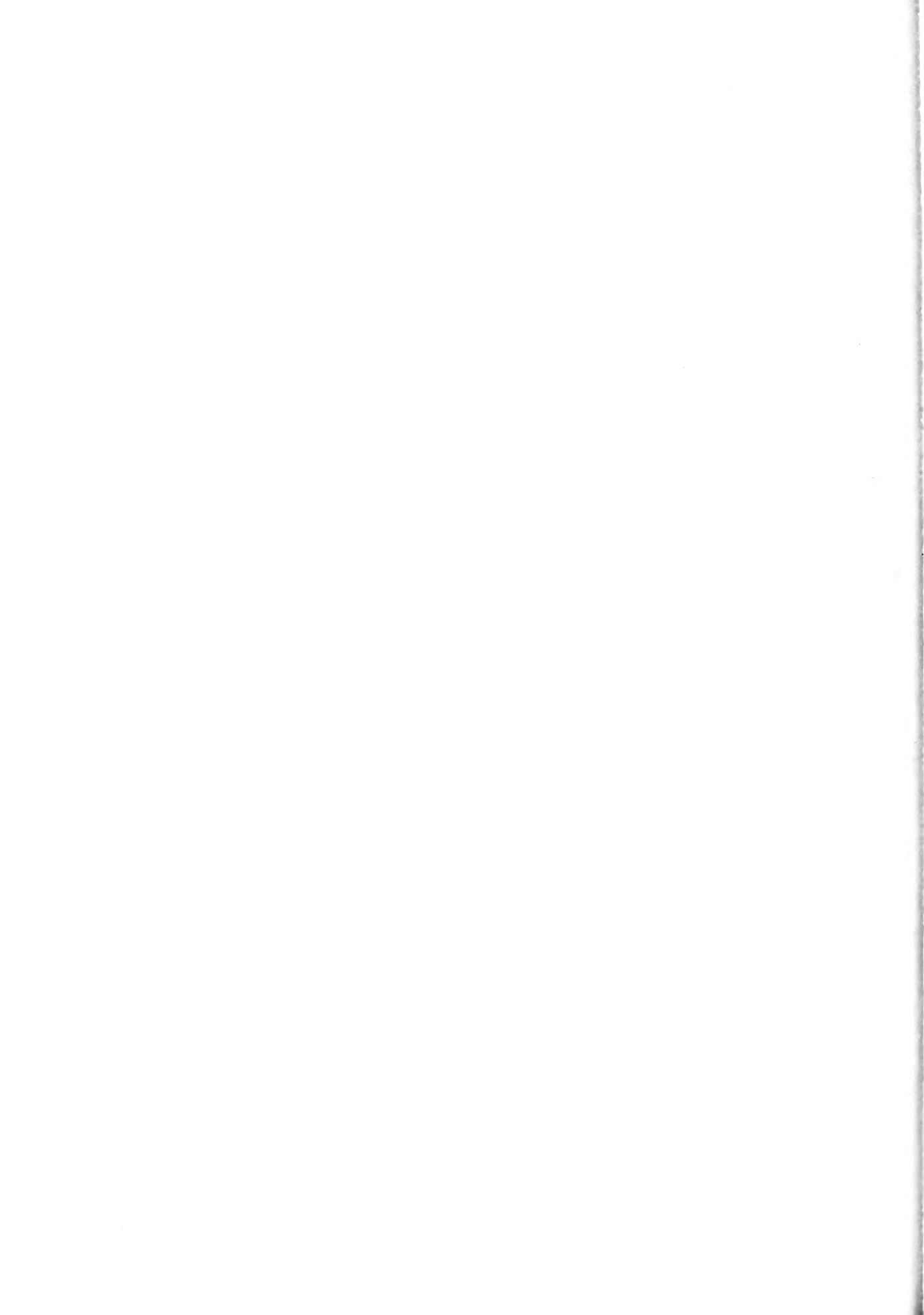
** Survey sample of 6,136; 664 did not indicate educational level (N = 5,472)

As might be anticipated, only 1.2% of the study group was male. Among all those registered in the state less than .7% were males. Of the 92 males registered and living in North Carolina, 75 returned the questionnaire.

Married women made up 77.6% of the study sample, whereas 71% of the Board of Nursing Sample was married.

Answers to the question about the number of children in the home for which the respondent was responsible revealed that the largest number of the survey group (2,718 or 44.3%) had 1-2 children. More than two children were listed by 19.1% (1,177) of the sample group. Thirty-two individuals stated they had 6-8 children in the home, and 2 said they had more than 8.

The ages of those in the sample group did not differ widely from those registered in North Carolina except for two age categories. Those under 30 years of age accounted for 25% of all the nurses registered in North Carolina, whereas in the sample group 32% were in this age category. The reverse was apparent among the 50-59 year olds, who account for 24.2% of the North Carolina Board of Nursing Registrants and 12.7% of the sample group. No differences were found in the age categories between 30 and 50 years.



PROFESSIONAL READING

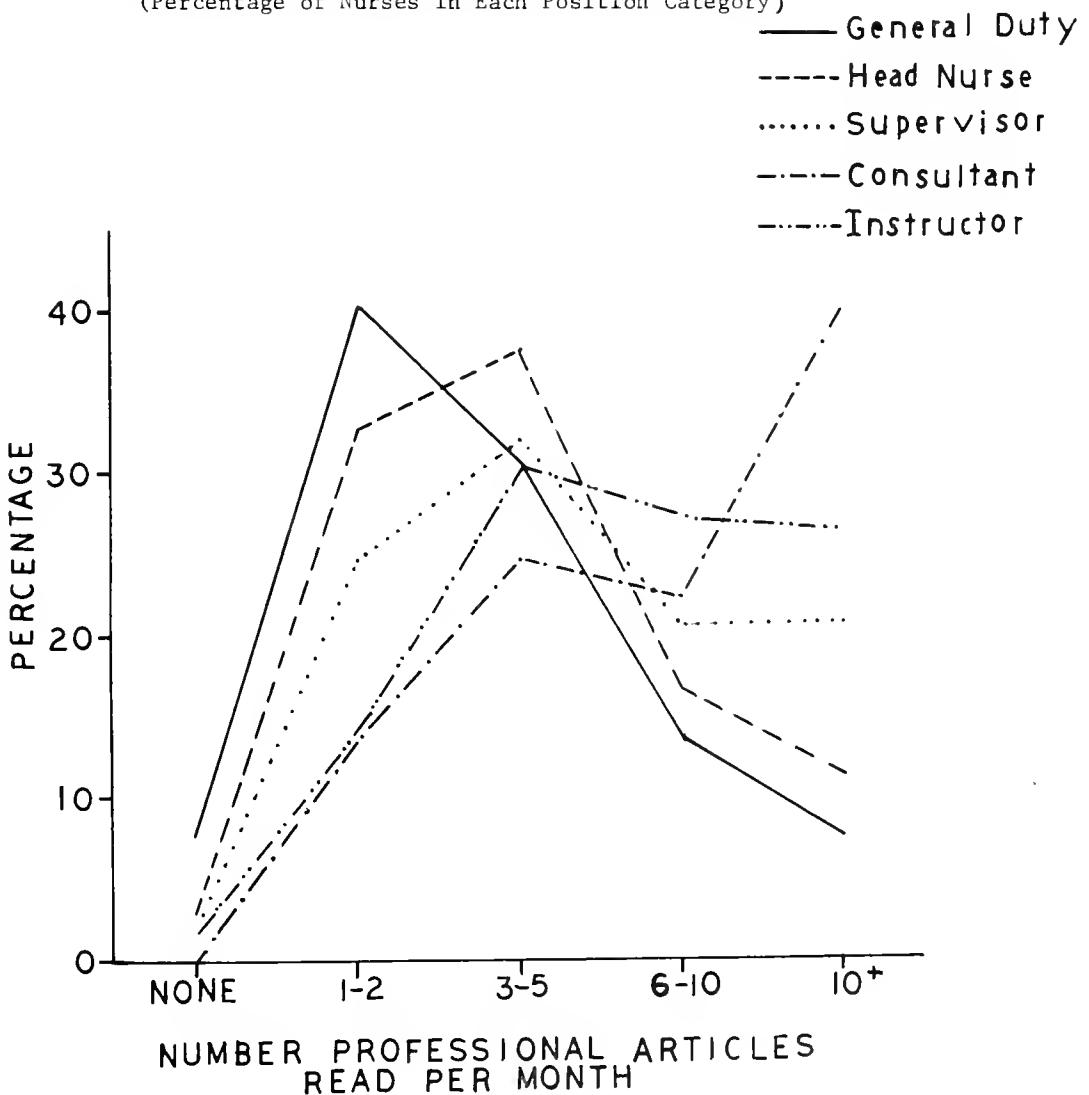
Some idea of the amount of professional reading by nurses in North Carolina was gained through responses to the question, "How many professional articles, on an average, do you read per month?" Of the total respondents, 8.9% said they read no professional articles; 33% read one or two articles; 29.1% read three to five articles; 15.3% read six to ten articles; and 12.3% read more than ten articles.

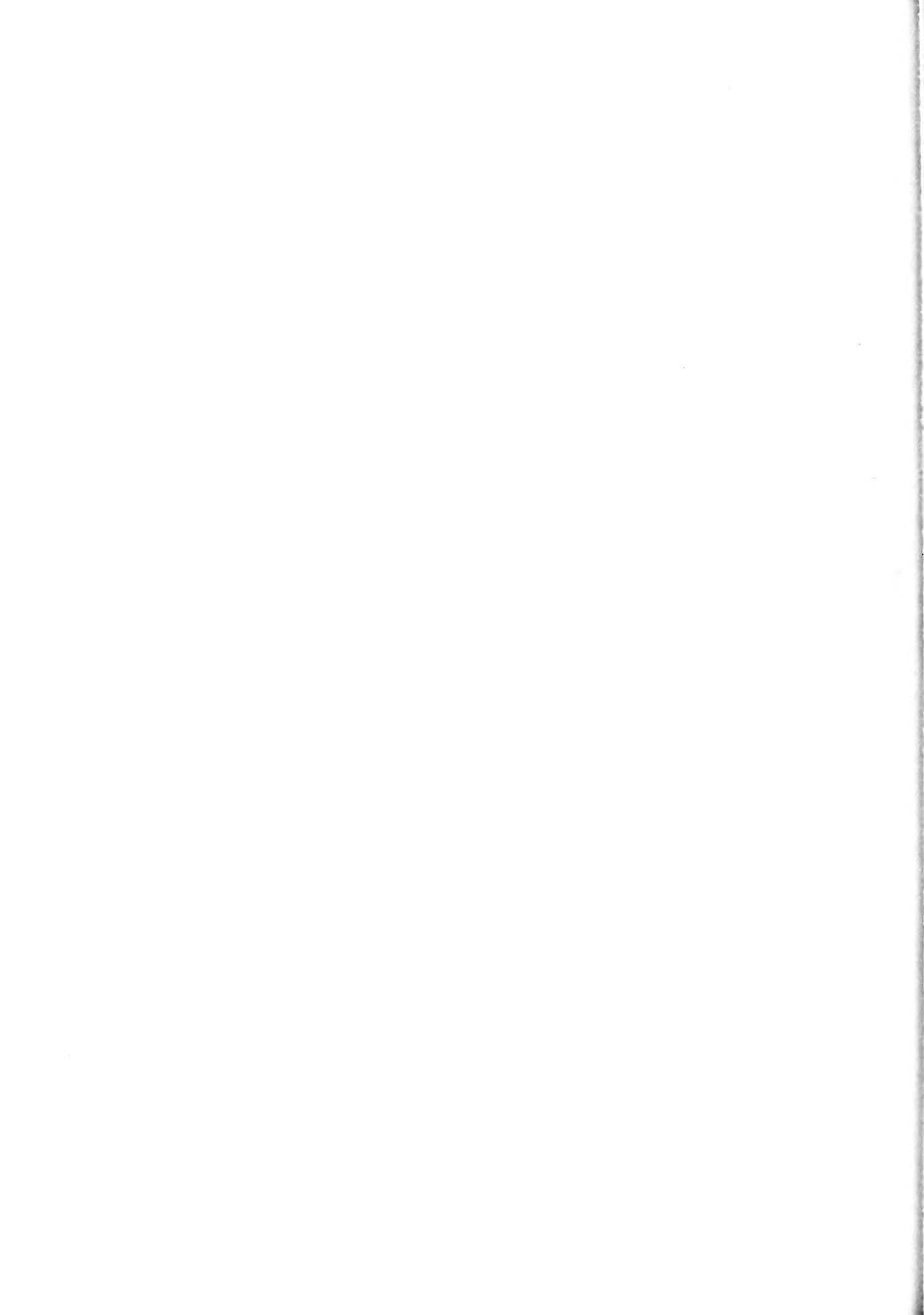
Graph 3 shows the number of articles read, on an average, per month by nurses in selected position categories. Ten or more articles per month were read by 40% of the consultants, in contrast to 26.5% of the instructors and 20.7% of the supervisors.

More than half of the general duty and staff nurses read three or more articles monthly. Three to five articles per month were read by 30.8% of these nurses and at least one to two articles per month were read by an additional 40.6% of this group.

Graph 3

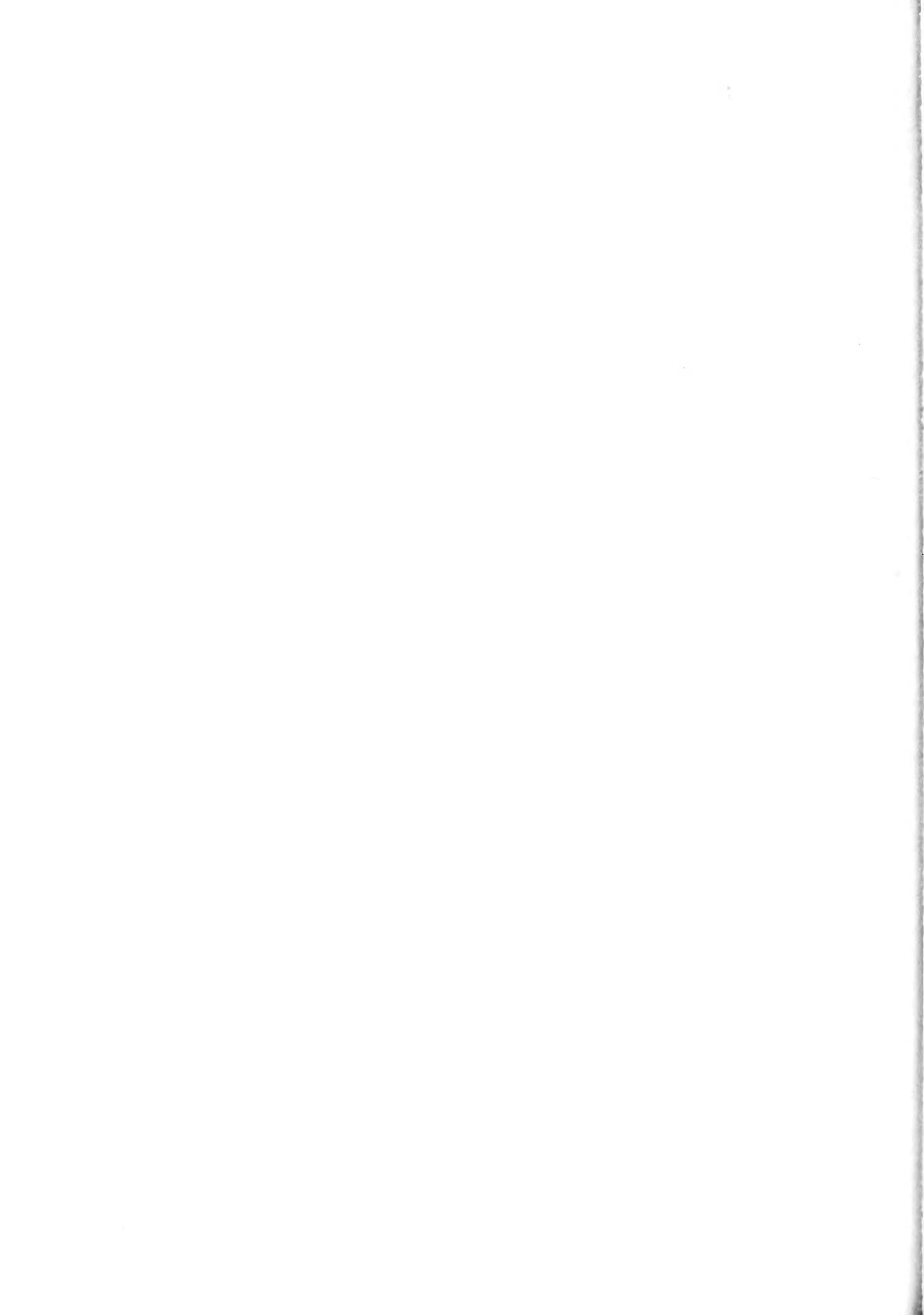
Number of Professional Articles Read Per Month by General Duty Nurses,
Head Nurses, Supervisors, Consultants, and Instructors
(Percentage of Nurses in Each Position Category)





Participants in the survey were also asked which nursing journals they read regularly. The American Journal of Nursing was cited by the largest number (3,174 or 51.7%) of the survey group. The second largest number (2,655 or 43.3%) gave R.N. as a periodical they read regularly. The Tar Heel Nurse, the official publication of the North Carolina State Nurses' Association, was read by 1,967 (32.1%) of the survey group. Lesser numbers checked the Nursing Outlook (903 or 14.7%) and Nursing Research (426 or 6.9%).

Respondents were invited to specify other nursing journals they read regularly. Listed in this category by 1,449 (23.6%) were such professional journals as Nursing Forum, Perspectives in Psychiatric Care, the Journal of Nursing Education, the American Journal of Public Health, and numerous other journals. Many nurses indicated they read several periodicals on a regular basis.



Introduction to Baccalaureate Education and Graduate Education

Data were selected from the eighty-item questionnaire which were directed to interest in obtaining an academic degree beyond the present educational level. Those areas applicable to both baccalaureate and graduate education are discussed first. These areas, which apply to education generally, include interest of respondents in further education for academic credit, proximity to nursing education programs, and perceived constraints to achieving an academic degree beyond the present educational level.

Further exploration is specifically directed to baccalaureate education and to graduate education in subsequent chapters.

PRESENT EDUCATIONAL LEVEL

It is useful to review the present educational level of respondents as a preface to considering how many of these same nurses indicated an interest in seeking an educational degree beyond their present level. Although slightly over 10% did not give their highest educational level, the 5472 who did so are shown in Table 2.

Table 2
Academic Preparation of Survey Group
N = 5472

No Degree		Baccalaureate		Masters		Doctoral	
Number	%	Number	%	Number	%	Number	%
3751	68.5	1426	26.1	280	5.1	15	.3

INTEREST IN FURTHER EDUCATION

Interest in further academic education was indicated by 3011 respondents.

Table 3
Interest in Seeking Educational Degree Beyond Present Level

Response	Baccalaureate		Master's		Doctoral	
	Number	%*	Number	%*	Number	%*
Yes, Nursing	1948	51.9	407	28.5	53	18.9
Yes, Other	360	9.6	169	11.8	74	26.4

*Percent based on number at previous educational level, i.e., baccalaureate based upon those with no degree (N = 3751); Master's based upon those with baccalaureate degree (N = 1426); and doctoral on those with Master's degree (N = 280).



Of the 3751 respondents without a degree, 2308 (61.5%) have interest in earning a baccalaureate, 576 (40.3%) of 1426 respondents are interested in obtaining a Master's degree. Doctorate study interest was evidenced by 127 (45.4%) of 280 respondents with a Master's.

PROXIMITY TO EDUCATIONAL SETTING

Planning for provision of opportunities for seeking an educational degree beyond the present level could be facilitated by knowledge of the responses to proximity to a university designated as "closest". (Table 4) Data was obtained about the respondents' proximity to one of several University of North Carolina nursing educational programs. It must be noted that five of the schools which are a part of the university system were listed. There was no space to list all possible choices of public and private institutions offering nursing education at the baccalaureate level, and the five selected represent the widest geographical distribution possible. If a respondent indicated proximity to UNC-Chapel Hill, then he would also have proximity to North Carolina Central University and to Duke University. Respondents selecting University of North Carolina at Greensboro would also be in the vicinity of North Carolina Agricultural and Technical State University and Winston-Salem State University. (Map I)

The additional dimensions of expressed interest in a baccalaureate degree or a graduate degree are explored more fully in the separate chapters focusing on each of these levels. However, recognizing that "expressed interest" in a higher educational level is a highly subjective index influenced by available information, regional employer attitudes, motivation, the individual nurse's self-perception, and many other variables. Some additional observations might be useful regarding the highest level of academic preparation.

The highest number of the 4513 who responded to the question related to level of preparation by stating that they had no education beyond their basic nursing preparation (this included 761 with a baccalaureate degree) also stated that they lived within the fifty-mile radius of the University of North Carolina at Charlotte. Thirteen hundred twenty-three (or 29.3%) of the respondents located themselves in this area, and 1,038 of these have no education beyond basic nursing. This is 78.5% of the total of the University of North Carolina at Charlotte region and the highest percentage without preparation beyond basic nursing of any of the five listed university regions.

The next highest number of those who indicated no preparation beyond basic nursing was around the University of North Carolina at Greensboro, with 940 (or 76.2%) of the total 1234 with no education beyond basic nursing.

Of those who responded to the preparation level question, 839 (or 66.5%) within the University of North Carolina - Chapel Hill area have no preparation beyond basic nursing.

Map 2 illustrates a further dimension in depicting the location of those nurses who responded that they live more than fifty miles from the university specified in the questionnaire which is in their Governor's Planning Region. These same regions in which this occurs also have a number of individuals who perceive their location as more than fifty miles from any "other" university center. (The variety of possible interpretations of this question (Item #32.) renders this information less than clear.) This information does, however, provide a consistent picture of regions where "outreach" nursing education resources might fill a need.

The greatest potential pool of educational need is in the Piedmont area. Program planning to meet the educational needs of this potential pool of students will be discussed in the separate baccalaureate and graduate education sections in order that more variables for each group may be explored.

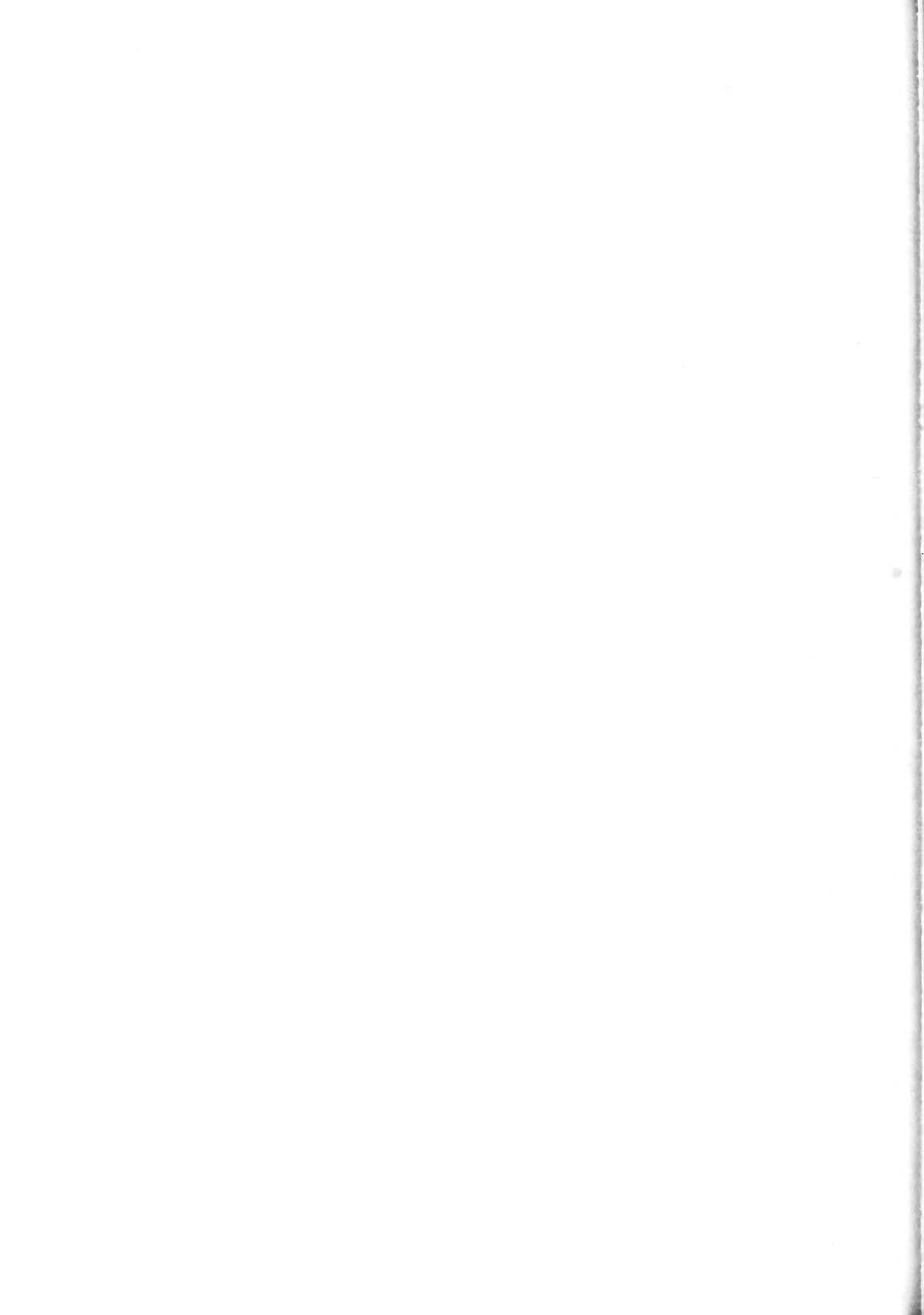


Table 4

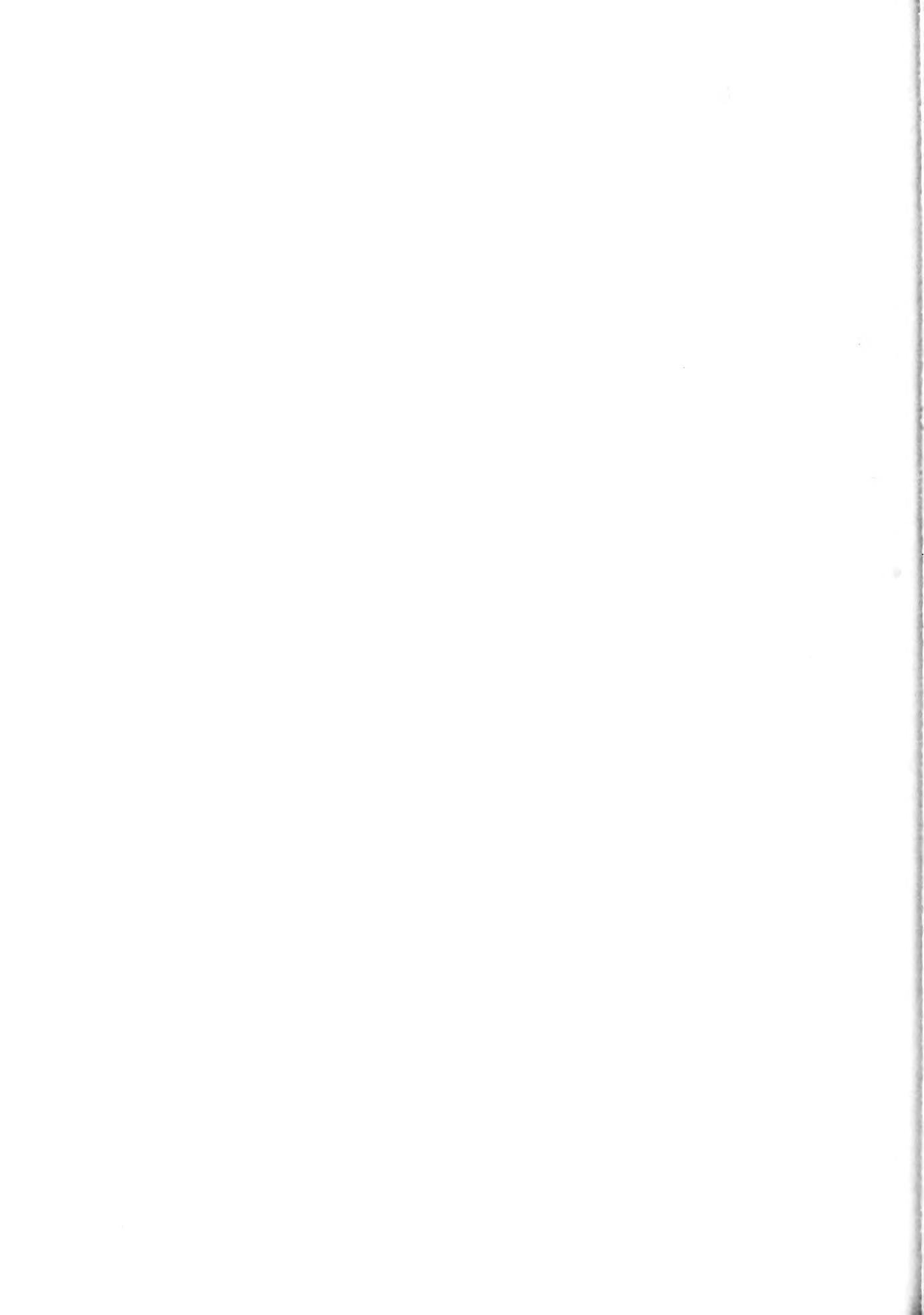
Highest Academic Degree Beyond Basic Nursing
Preparation and Closest University

Closest University	Level of Academic Preparation										Masters	Doctorate	Total	
	**None	Bac.	Nursing	Bac.	Other	Masters	Nursing	other	**%					
	n	%	n	%	n	%	n	%	n	%	n	%	n	**%
UNC-CH	107	8.5	839	66.5	154	12.2	20	1.6	101	8.0	35	2.8	5	0.4
UNC-C	116	8.8	1038	78.5	115	8.7	29	2.2	15	1.1	9	0.7	1	0.0
UNC-G	128	10.4	940	76.2	96	7.8	20	1.6	35	2.8	15	1.2	0	0.0
ECU	63	10.4	454	75.2	57	9.4	10	1.7	9	1.5	9	1.5	2	0.3
WCU	46	13.7	240	71.4	35	10.4	7	2.1	3	0.9	5	1.5	0	0.0
NONE	63	9.2	542	79.6	49	7.2	9	1.3	14	2.1	4	0.6	0	0.0
Other	53	13.7	270	69.6	36	9.3	9	2.3	12	3.1	7	1.8	1	0.2
No Response	89	28.8	190	61.5	11	3.6	8	2.6	4	1.3	2	0.6	5	1.6
Column Total	665	10.8	4513	73.6	553	9.0	112	1.8	193	3.2	86	1.4	14	0.2
													6136	100.0

* % of respondents in "Closest University" area.

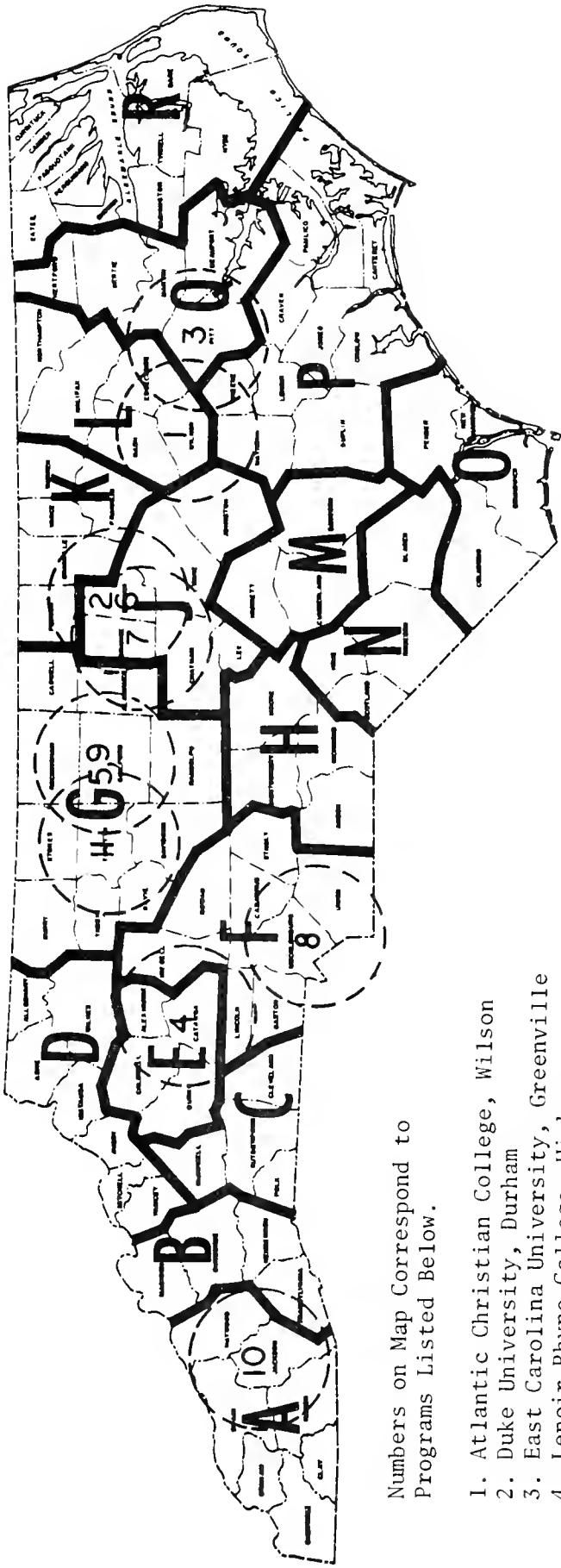
** All with no education beyond basic nursing of whom 761 have a baccalaureate degree.

*** Percent that row total is of column total.



Map I

Location of Baccalaureate Nursing Education Programs, the $\frac{50}{25}$ mile Radius of Each, and Governor's Planning Regions.



1. Atlantic Christian College, Wilson
2. Duke University, Durham
3. East Carolina University, Greenville
4. Lenoir Rhyne College, Hickory
5. N. C. Agricultural & Technical University, Greensboro
6. N. C. Central University, Durham
7. UNC, at Chapel Hill
8. UNC, at Charlotte
9. UNC, at Greensboro
10. Western Carolina University, Cullowhee
11. Winston-Salem State University, Winston-Salem

Heavy lines outline Governor's Planning Regions (established May, 1970)

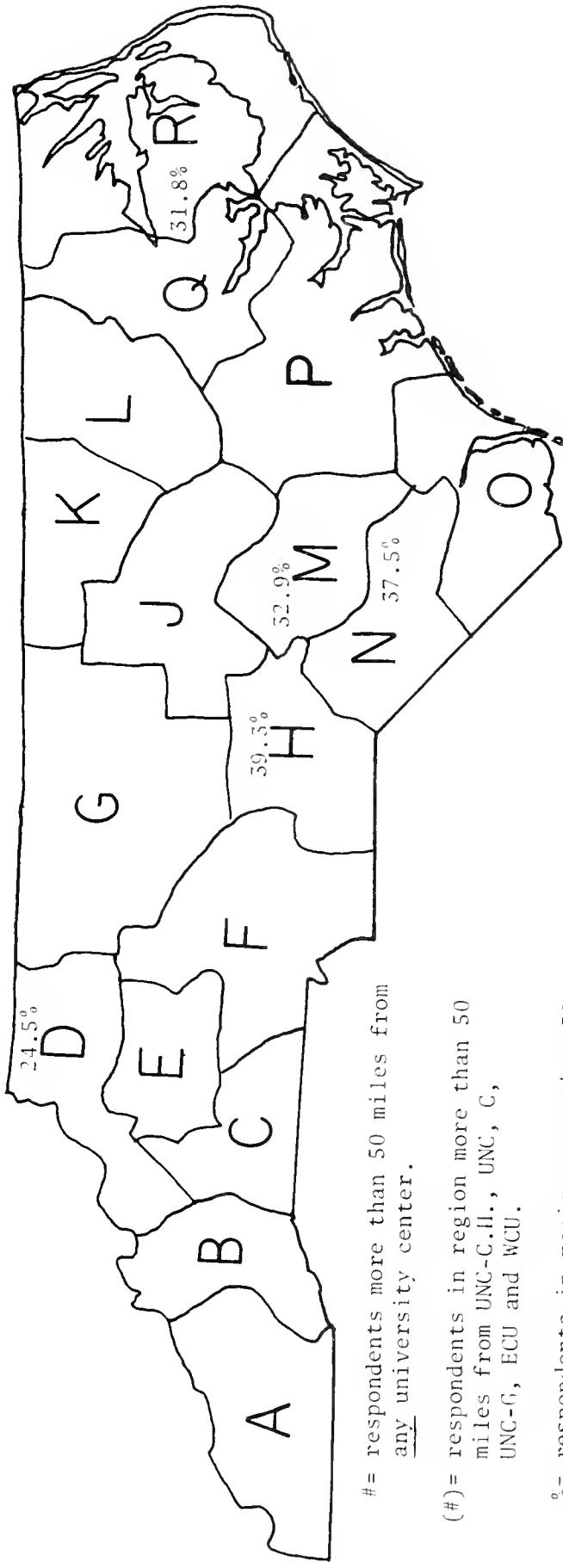
Dotted line circles indicate 50 mile radius

50
MILES



Map 2

Number of Respondents from the 5 Highest Ranking Regions in Relation to Distance from University Center.

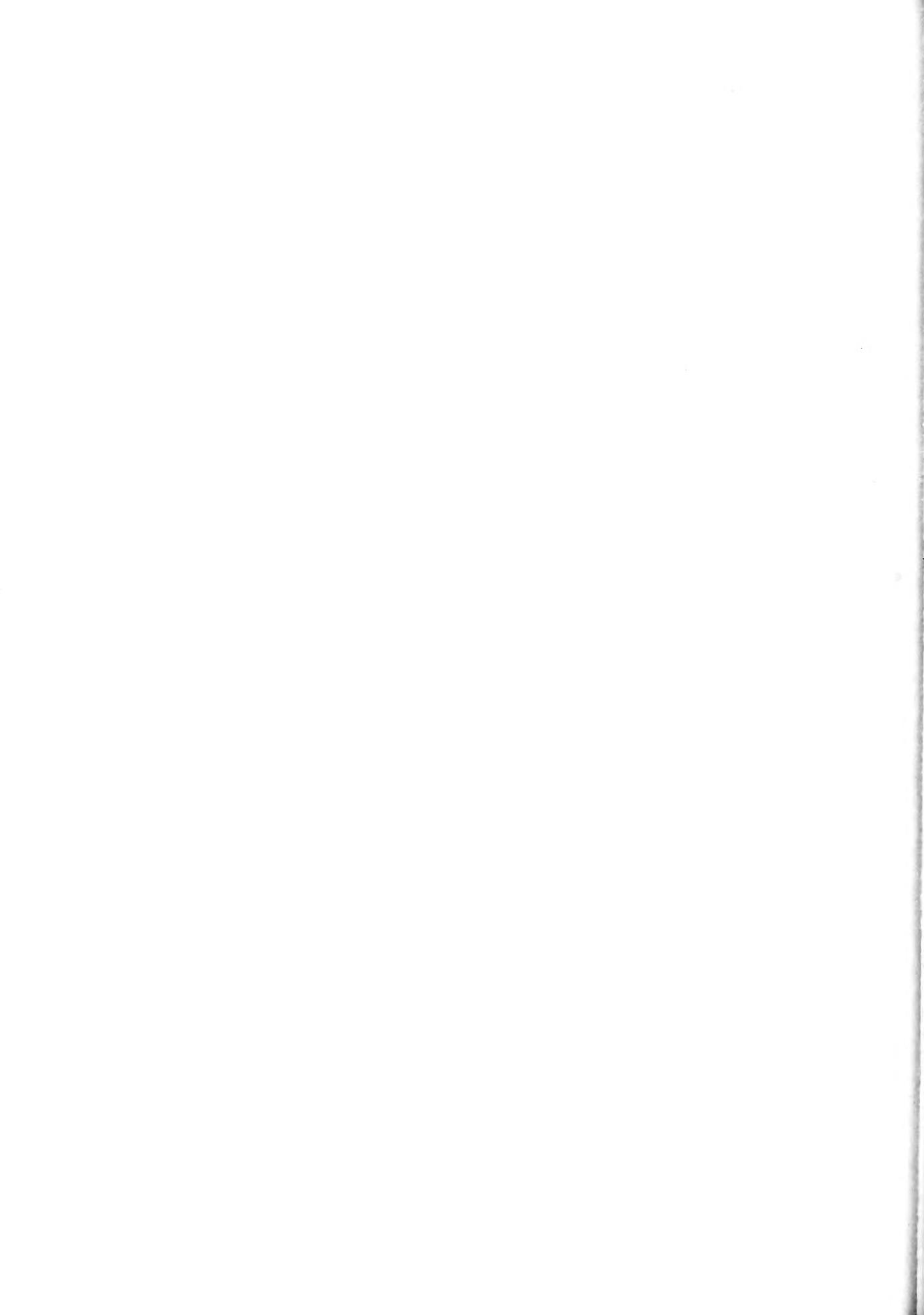


= respondents more than 50 miles from any university center.

(#) = respondents in region more than 50 miles from UNC-G.H., UNC, C, UNC-G, ECU and WCU.

% = respondents in region more than 50 miles from any university center.

Region	#	(#)	%
D	26	106	24.5
R	21	66	31.8
M	95	289	32.9
N	39	104	37.5
H	59	161	39.3



DETERRING FACTORS

A general review of constraints to seeking a degree beyond the present level, identified by the total survey group, may provide some broad background for program planning for each level also. The ordering of these constraints is shown in Table 5, which presents all constraints to seeking education leading to a degree beyond the present level in rank order and by Governor's Planning Regions. Designation of the "closest" university is also included.

Rank Order of Constraints

Table 6
 Rank Order of Constraints Expressed by Survey Group
 To Seeking Education Leading To A Degree Beyond Present Level
 (N = 6136)

	Yes		No		No Response	
	No.	%	No.	%	No.	%
Family Responsibility	3804	62.0	1695	27.6	637	10.3
Lack of Finances	2607	42.5	2733	44.5	796	12.9
Lack of Information	1727	28.1	3426	55.8	982	16.0
Age	1470	24.0	3925	64.0	739	12.0
Geographic Location	1419	23.1	3711	60.5	1005	16.4
Lack of Encouragement	1089	17.7	4004	65.3	1043	17.0
(Minority)						
Lack of Opportunity	423	6.9	4528	73.8	1185	19.3
Scholastic Record	287	4.7	4733	77.1	1116	18.2

Family Responsibility

Family responsibility is listed as a constraint by 3804 individuals or 62% of the survey group.

Lack of Finances

Inasmuch as lack of finances might be a concomittant of family responsibility, it is not surprising that 2607 or 42.5% of the survey group of respondents indicated this to be a deterrent. There were 3010 respondents who indicated interest in an educational level beyond their present one. Approximately 2600 respondents identify lack of finances as a deterrent.

Lack of Information

Lack of information about available programs was listed as a deterrent by 1727 or 28.1% of the survey group. Since the cost of removing this impediment would be small, it is worthwhile describing the geographic distribution of these respondents. The identification of "lack of information" in the questionnaire section was reinforced

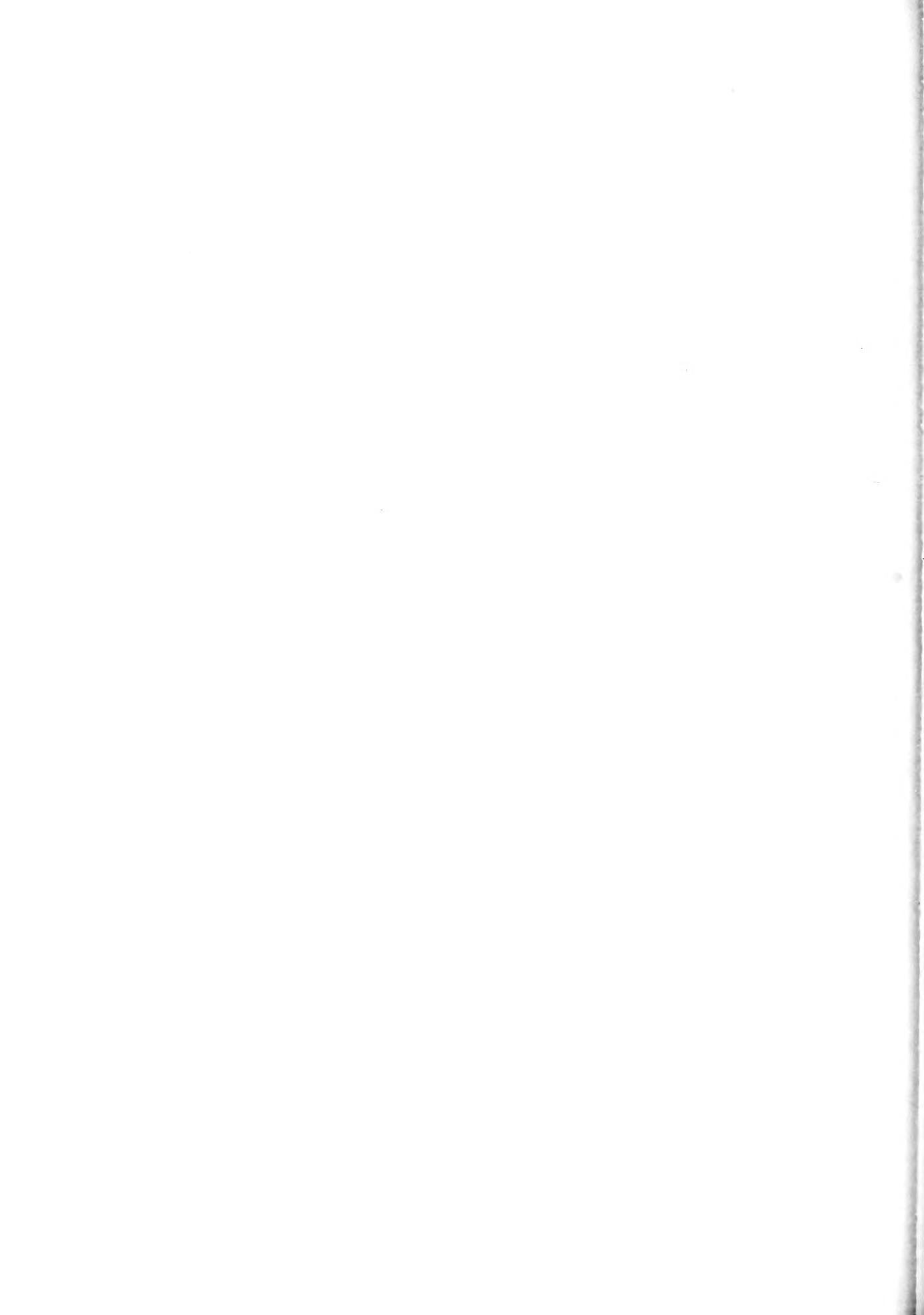


Table 5
Constraints Expressed By Survey Group To Seeking Education Leading To A Degree Beyond Present Level By Governor's Planning Regions (In Order From Left To Right) and "Closest University"

Region and "Closest University"		Family Responsibility (%)	Lack of Finances (%)	Lack of Information (%)	Age (%)	Geographic Location (%)	Lack of Encouragement (%)	Minority Lack of Opportunity (%)	Scholastic Record (%)	Survey Group In Region
	n	n	n	n	n	n	n	n	n	n (%)
A WCU	68	(68.0)	31 (31.0)	30 (30.0)	32 (32.0)	26 (26.0)	25 (25.0)	4 (4.0)	4 (4.0)	100 (1.6)
B WCU	228	(60.0)	144 (37.9)	89 (23.4)	105 (27.6)	110 (28.9)	62 (16.3)	19 (5.0)	11 (2.9)	380 (6.3)
C UNC-C	96	(69.1)	71 (51.1)	54 (38.8)	28 (20.1)	59 (42.4)	33 (23.7)	17 (12.2)	6 (4.3)	139 (2.3)
D None Other	71	(67.0)	36 (34.0)	39 (36.8)	25 (23.6)	52 (49.1)	17 (16.0)	16 (15.1)	4 (3.8)	106 (1.8)
E UNC-C	169	(71.6)	110 (46.6)	72 (30.5)	53 (22.5)	111 (47.0)	45 (19.1)	19 (8.1)	19 (8.1)	236 (3.9)
F UNC-C	700	(63.0)	474 (42.7)	304 (27.4)	243 (21.9)	137 (12.3)	207 (18.6)	74 (6.7)	38 (3.4)	1111 (18.4)
G UNC-G	873	(64.5)	620 (45.8)	418 (30.9)	300 (22.2)	214 (15.8)	242 (17.9)	87 (6.4)	78 (5.8)	1353 (22.4)
H None	70	(59.9)	49 (41.9)	32 (27.4)	30 (25.6)	61 (52.1)	22 (18.8)	13 (11.1)	4 (3.4)	117 (1.9)
J UNC-GH	571	(55.2)	457 (44.2)	261 (25.2)	222 (21.5)	101 (9.8)	179 (17.3)	64 (6.2)	54 (5.2)	1034 (17.1)
K UNC-GH	52	(66.7)	34 (43.6)	20 (25.6)	27 (34.6)	13 (16.7)	9 (11.5)	4 (5.1)	5 (6.4)	78 (1.2)
L ECU	133	(60.2)	85 (38.5)	67 (30.3)	80 (36.2)	68 (30.8)	39 (17.6)	16 (7.2)	14 (6.3)	221 (3.7)
M UNC-GH	None	159 (55.0)	117 (40.5)	88 (30.4)	68 (23.5)	128 (44.3)	47 (16.3)	24 (8.3)	13 (4.5)	289 (4.8)
N None	70 (67.3)	46 (44.2)	44 (42.3)	36 (34.6)	57 (54.8)	22 (21.1)	14 (13.5)	6 (5.8)	104 (1.7)	
O Other	None	135 (63.7)	65 (30.7)	55 (25.9)	63 (29.7)	73 (34.4)	26 (12.3)	13 (6.1)	4 (1.9)	212 (3.5)
P ECU	209	(63.7)	144 (43.9)	95 (29.0)	72 (22.0)	120 (36.6)	61 (18.6)	20 (6.1)	9 (2.7)	328 (5.4)
Q ECU	112	(63.3)	64 (36.2)	34 (19.2)	52 (29.4)	35 (19.8)	28 (15.8)	11 (6.2)	12 (6.8)	177 (2.9)
R ECU	43	(65.2)	23 (34.8)	11 (16.7)	17 (25.8)	33 (50.0)	10 (15.2)	4 (6.1)	0 (0.0)	66 (1.1)
TOTALS	3759	(62.1)	2570 (42.5)	1713 (28.3)	1453 (24.0)	1398 (23.1)	1074 (17.7)	419 (6.9)	281 (4.6)	*6051 (100.0)

*Survey sample of 6131 minus 85 who either did not indicate county of residence or who reside outside of the state; N = 6051



by many written comments describing this as a need within the comments section of the survey instrument.

The largest total numbers in the state citing lack of information are in Regions G, F, and J respectively. It is the deterrent which ranks third highest in all three regions. In these three regions 983 people cited this as a constraint. (Table 7)

Table 7

Total Number of Respondents in Regions G, F, & J Citing
Lack of Information As Deterrent To Higher Educational Level

Region	Closest University	Respondents Citing Lack of Information		
		No.	%*State Total	%**Region Total
G	UNC-G	418	6.9	30.9
F	UNC-C	304	5.0	27.4
J	UNC-CH	261	4.3	25.2
Column Totals		983	16.2	

*Percent of 6051 total respondents in all Governor's Regions.

**Percent of region respondents.

Lack of information was perceived as a problem by a higher percentage of respondents within some regions than in other regions.

Table 8

Total Number of Respondents in Regions N, C, & D Citing
Lack of Information As Deterrent to Higher Educational Level

Region	Closest University	Respondents		
		No.	%*State Total	%**Region Total
N	None (other)	44	0.7	42.3
C	UNC-C	54	0.9	38.8
D	None (other)	39	0.6	36.8
Column Total		137	2.2	

*Percent of 6051 total respondents in all Governor's Regions.

**Percent of region respondents.

Two of these regions (N & D) are not within a fifty-mile radius of one of the listed universities. Other educational institutions were sometimes specified. Communications might be established through local employing agencies where the usual profes-



sional organization or university communications through media may not be reaching.

Region C had 54 respondents who cited lack of information as a deterrent and who also specified that they were within a fifty-mile radius. These individuals would probably be in Cleveland County and at a distance where greater or different efforts toward communication might be required.

A plan for communication of available educational opportunities and advanced placement arrangements might be devised by universities and other institutions offering education to nurses at the baccalaureate or graduate degree level. This might be organized in a variety of ways: (1) the institutions could accept primary responsibility for supplying information of a general nature, as well as appropriate offerings from their own program to their specific region; (2) the NCSNA might consider assuming a staffing and/or coordination role in gathering and disbursing the information; (3) general Administration of the University could be requested to give consideration to fulfillment of this need; (4) some combination of the above or some unspecified method might be used.

Scholastic Record

Mentioned least as a barrier to an advanced degree was scholastic record. Variables such as lack of information, lack of previous experience in degree-granting programs, and inaccurate self-assessment of abilities may play a greater role in deterring advancement.

More information to potential students would provide them assistance in assessing their own abilities. The listing of criteria for program entry would probably encompass entrance examinations and educational and experience prerequisites.

Lack of Opportunity for Minority Groups

There were 419 respondents who mentioned lack of opportunity to minority groups as a deterrent to seeking education leading to a degree beyond the present level. Over half of these (225) come from Regions F, G, and J respectively.

No effort was made in this study to identify minority group members, nor is it done by the North Carolina Board of Nursing. Therefore we are unable to identify the ratio of minority group members in Regions F, G, and J.

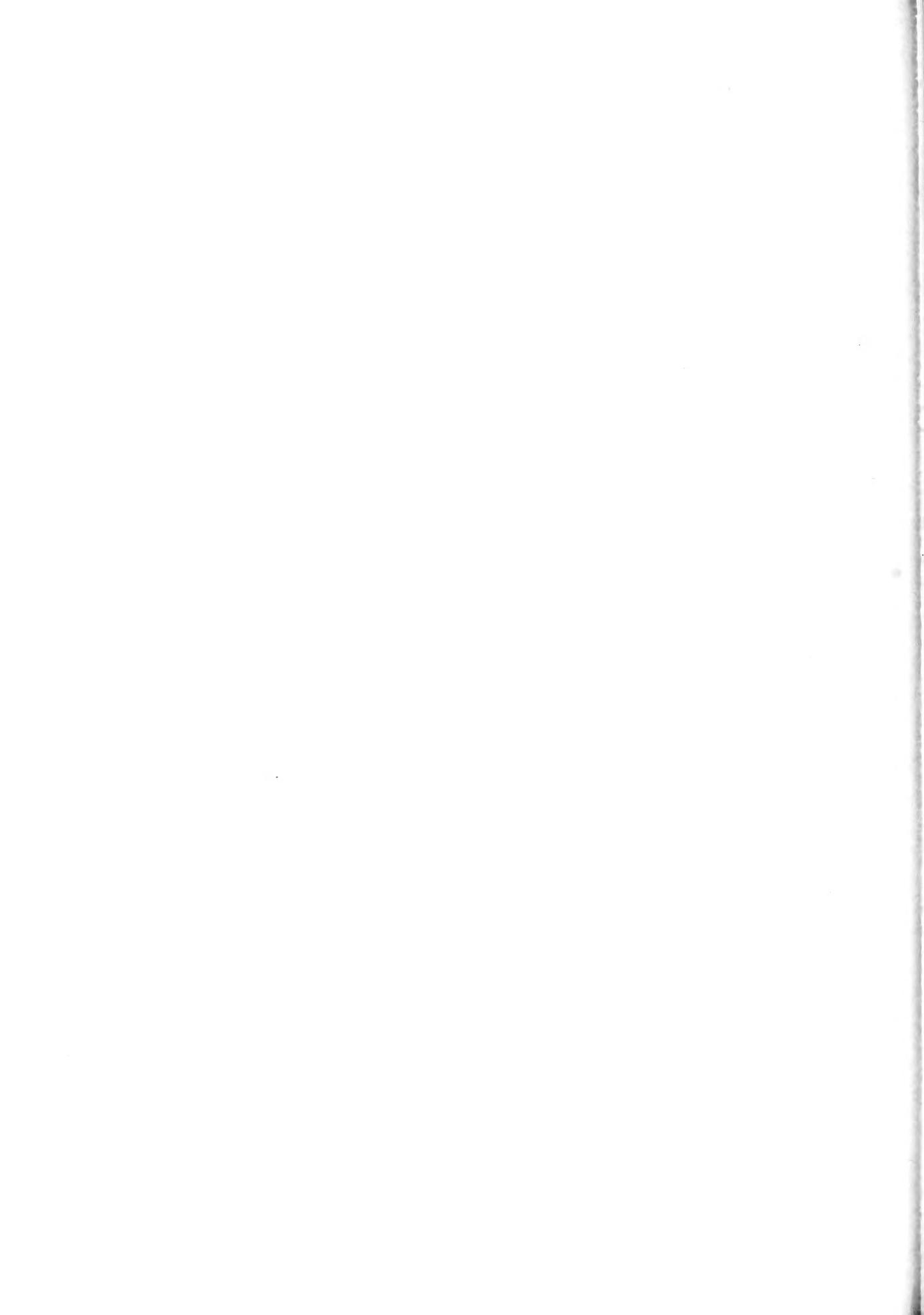
Inasmuch as ranking was determined by total number of respondents identifying the factor and the comparable total number of minority group members is also believed to be low, this factor warrants special attention in projecting solutions to remove this as a deterrent to achieving the desired educational level.

SUMMARY

The pool of respondents interested in seeking an educational level beyond their present degree is composed of:

1. 2308 (61.5%) of 3751 without a degree who are interested in a baccalaureate.
2. 576 (40.3%) of 1426 with a baccalaureate who are interested in a Master's degree.
3. 127 (45.4%) of 280 with a Master's who are interested in doctoral study.

Fuller clinical utilization of educationally prepared nurses must be provided for and encouraged through changed employment policies pertaining to rewards and remuneration. Advancement cannot continue to mean hierarchical promotion beyond the manpower



pool giving direct patient care without seriously depleting that care pool.

Of the 4513 respondents without further education beyond their basic nursing degree, 1038 live within a 50-mile radius of the University of North Carolina at Charlotte. This is 78.5% of the total of 1323 nurses who responded from that region, and the highest percentage without preparation beyond basic nursing.

The University of North Carolina at Greensboro ranks next, with 940 with no preparation beyond basic nursing. This is 76.2% of the total 1234 within that region.

Family responsibility and lack of finances were listed in that order as deterrents to seeking education leading to a degree at a higher level.

Improved utilization and employment policies resulting in higher income for additional levels of nursing preparation (referred to above) could potentially serve as the motivation for long-range investment in education for those who cite lack of finances as a deterrent.

Experimentation with scheduling of courses contributory to a baccalaureate degree in nursing, so that they might be available in the evening or on weekends, could help remove the deterrents of family responsibility and lack of finances. Implementing such a schedule within the radius of one or more of the three universities in the Piedmont area (UNC-C, UNC-G and UNC-CH) would make educational opportunity available to large numbers of nurses and could be designed to serve as a pilot useful to other North Carolina institutions.

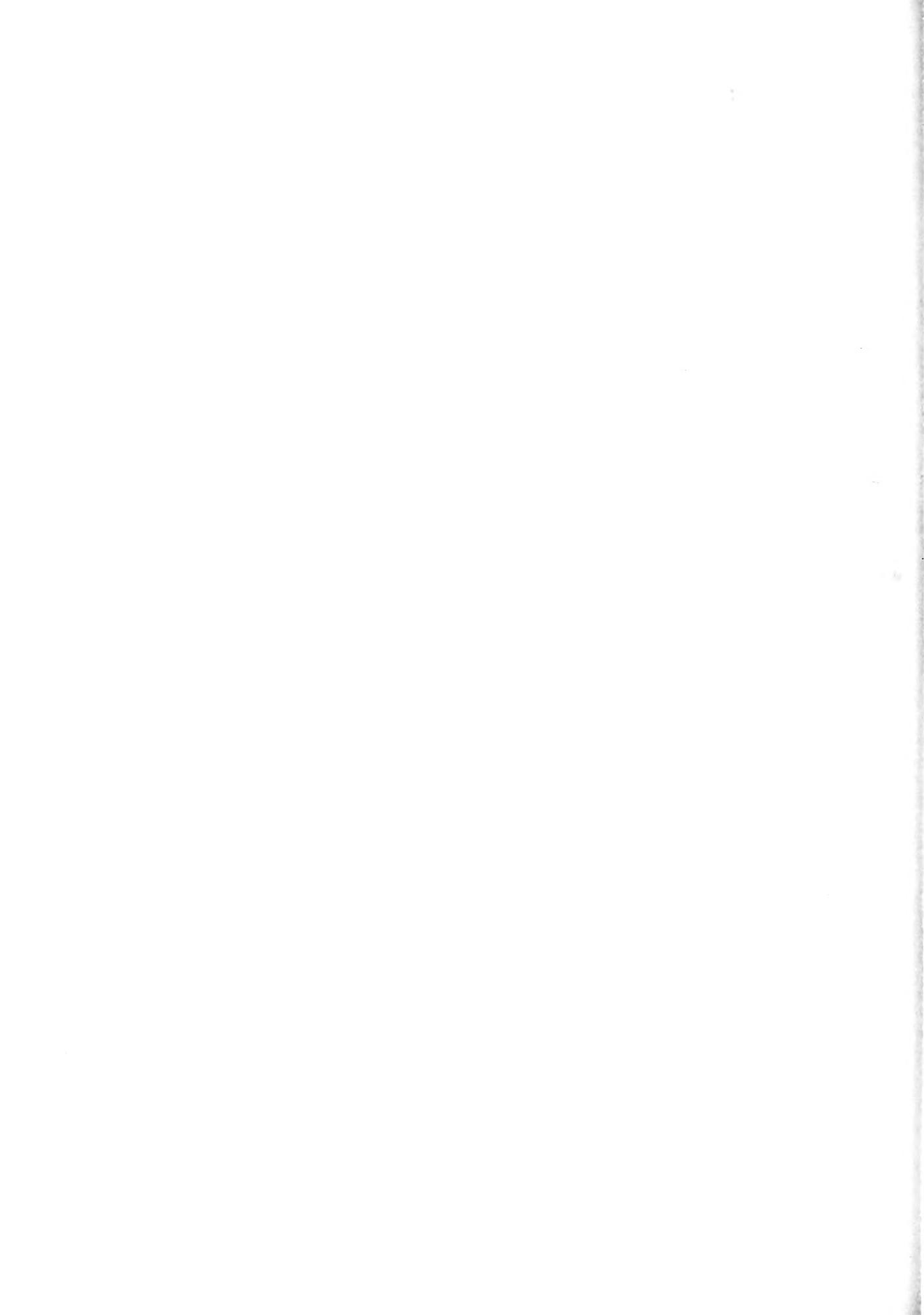
Lack of information is a deterrent to the largest number of nurses, again in regions where the most nurses reside.

The number of nurses within a region who identify this as a problem was highest in Region G (418); next in Region F; and followed by Region J.

A higher percentage of nurses outside the radius of the universities listed (Regions N, C, and D) say that lack of information is a problem.

A coordinated plan for communication of available educational opportunities and advanced placement arrangements must be devised by universities and other institutions offering education to nurses at the baccalaureate or graduate degree level. Collaboration could be sought with NCSNA and/or General Administration of the University in achieving this.

Particular attention must be directed to exploring and projecting solutions for those who believe that lack of opportunity to minority group members is a deterrent. Only 419 mentioned this as a problem which might make it feasible for the NCSNA, the North Carolina Manpower Development Project or some other group to serve a particular advocacy and counseling role in this regard, as lack of information may also be a related factor.



Baccalaureate Education

A review of pertinent profile information for a more specific consideration of the expressed interest of respondents in baccalaureate education includes the following facts:

1. Those with higher educational backgrounds responded in greater numbers than those without degrees. The survey group included 68.5% without degrees, while 87.2% of Board of Nursing registrants do not have a degree. We might speculate from this that the need for baccalaureate education opportunities may be understated by this data.
2. Married women made up 77.6% of the study sample (71.0% of all registered nurses in North Carolina are married).
3. Children in the home were reported by 64% of respondents.
4. The pool of those who indicated interest in seeking a baccalaureate degree includes 1,948 who desire this in nursing and 360 who wish it in another area, for a combined total of 61.5% of the 3,751 respondents without a degree. (Differences in number interested in baccalaureate education between Table 3 and Table 9 are due to non-responses to marital status.)

Having established the level of interest in further academic education, the possible deterrents to achievement of the objective were considered.

DETERRING FACTORS

Marital Status

Because so many of the survey sample were married women (77.6%), this factor is reviewed first (Table 9). Of 1,942 respondents who desired a baccalaureate in nursing plus 358 (2,300) who have a similar interest in another field, 1,839 indicated that they were married (79.9%). An additional 180 respondents interested in a baccalaureate degree indicated that they were widowed, separated or divorced and 281 indicated that they were single.

Family Responsibility

However, family responsibility might be a truer indicator of constraint to the nurse to achieving the desired next educational level than marital status. Specific information as to degree of family responsibility is difficult to obtain due to multiple variables, whether it be for those who are married, widowed, separated, divorced or, for that matter, for those who are single.

The constraints to seeking an educational degree beyond that which the individual has are listed in order of number of positive responses in Table 6. It will be noted that a varying number did not respond to each of the specific deterrents.

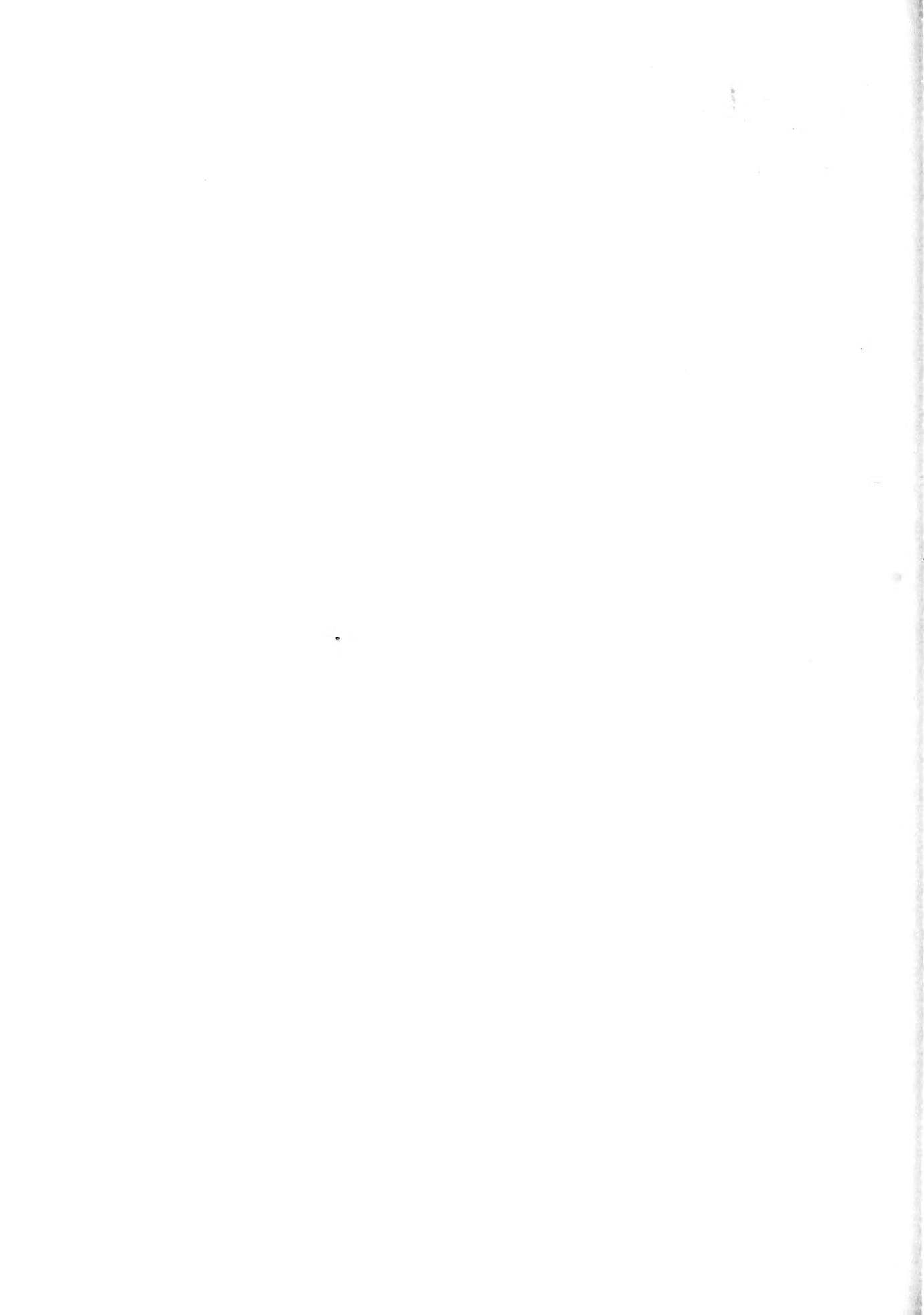


Table 9

Interest of Survey Group in
Baccalaureate Education by Marital Status

	Single No.	Single %*	Married No.	Married %*	Wid., Sep., Div. No.	Wid., Sep., Div. %*	TOTAL No.	TOTAL %*
Yes, in Nursing	221	4.5	1569	32.0	152	3.1	1942	39.7
Yes, Another Field	60	1.2	270	5.5	28	.6	358	7.3
No	201	4.1	2119	43.2	277	5.6	2597	53.0
Column Total	482	9.8	3958	80.7	457	9.3	4897	100.0

* Percent of total respondents to the question

Deterrents and "Closest University"

Appendix C contains Table 32 which presents detailed information about all expressed constraints for those interested in a baccalaureate degree in nursing or another field according to their "closest university."

Special consideration may need to be given to development of part time programs of study or a variety of continuing education offerings for academic credit to meet the special needs of the group desiring baccalaureate education.

Those areas of curricula with general applicability might include patient care planning, leadership and management principles, and the teaching-learning process.

Type of Positions

Type of positions held by those 1,959 employed nurses desiring further academic preparation at the baccalaureate level may serve as indicators of more specific curricula for those universities planning to assist in meeting these needs (Table 10).

Table 10

Position of Those Desiring Further
Academic Education at the Baccalaureate Level*

Type of Position	Yes, Nursing No.	Yes, Nursing %**	Yes, Other No.	Yes, Other %**	Total
Staff	866	51.6	142	50.7	1008
Head Nurse or Assistant	269	16.0	41	14.6	310
Supervisor or Assistant	185	11.0	26	9.3	211
Consultant	6	.4	2	0.7	8
Instructor	64	3.8	19	6.8	83
Private Duty	32	1.9	6	2.1	38
Other	257	15.3	44	15.8	301
Total	1679	100.0	280	100.0	1959

* Does not include those who are unemployed

** % of column total



Although one might speculate that individual motivation may be one of our more important variables for those who seek baccalaureate education, our inability to measure that ill-defined factor leads us to other combinations of influencing factors. The availability of time, financial resources, and proximity to nursing practice action are all embodied in various current employment classifications.

Current Employment Level

Interest in baccalaureate preparation might be explored from the viewpoint of current employment level, i.e., is the respondent employed full time in nursing, part time in nursing, retired, not nursing or not employed? Individuals who were enrolled in an educational program at the time of the survey (94) were not considered in these findings (Table 11).

Of those who indicated an interest in a baccalaureate degree in nursing, 1,390 (28.7% of total respondents) were employed full time. Another 235 (4.8%) indicated an interest in a baccalaureate in a field other than nursing, bringing the total interest group to 1,625 (33.6% of all respondents). Those employed part time (314 or 6.4%), which combines the "nursing" and "other" groups, were the next most numerous group. Among those who were not employed, 255 (5.2%) were also interested in baccalaureate education.

Table 11

Interest in Baccalaureate by
Survey Group as Related to Current Employment

(N = 4829)*

	Full Time		Part Time		Retired		Not Nursing		Not Employed		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Yes, Nursing	1390	28.7	274	5.6	2	0.0	34	0.7	215	4.4	1915	39.6
Yes, Other	235	4.8	40	0.8	6	0.1	22	0.4	40	0.8	343	7.1
No	1580	32.7	468	9.6	65	1.3	65	1.3	393	8.1	2571	53.2
Column Total	3205	66.3	782	16.1	73	1.5	121	2.5	648	13.4	4829	99.9

* Does not include those holding a baccalaureate degree nor the "no response" to current employment groups.

Those who responded as "not employed" (1,058 or 17.2% of the survey sample) were also asked whether they planned to return to nursing some time in the future. Four hundred fifty-seven indicated that they plan to return to full or part time nursing within a time frame of from six months to five years. There were 601 who were either undecided or who do not plan to return to nursing.

One target group for baccalaureate education programs might be those who are not working, but who are interested in obtaining a degree. Perhaps it could be assumed that the 249 interested in a nursing degree, but not now employed in nursing, might also be likely to return to employment in nursing (Table 11).



Special consideration may need to be given to development of part time programs of study or a variety of continuing education offerings for academic credit to meet the special needs of this group. The three "most persuasive factors" in enabling them to return to nursing were (1) a position of particular interest, (2) care for pre-school children, and (3) a refresher course.

Years Since Last Education, Interest in a
Baccalaureate Degree, and "Closest University"

The number of years which have elapsed since completion of highest educational preparation in nursing may be pertinent in planning for those graduate nurses who have interest in seeking a baccalaureate degree in nursing.

The responsibility for meeting the educational needs of practicing nurses in North Carolina rests primarily with the university system, although private schools may choose to participate in this. Numbers of respondents interested in a baccalaureate degree in nursing are presented according to university each selected as "closest" from a list of five (Table 12). The availability of numbers interested might facilitate the planning phase for the universities and other educational institutions who have concern for meeting the needs expressed by the graduate nurses in their immediate service area.

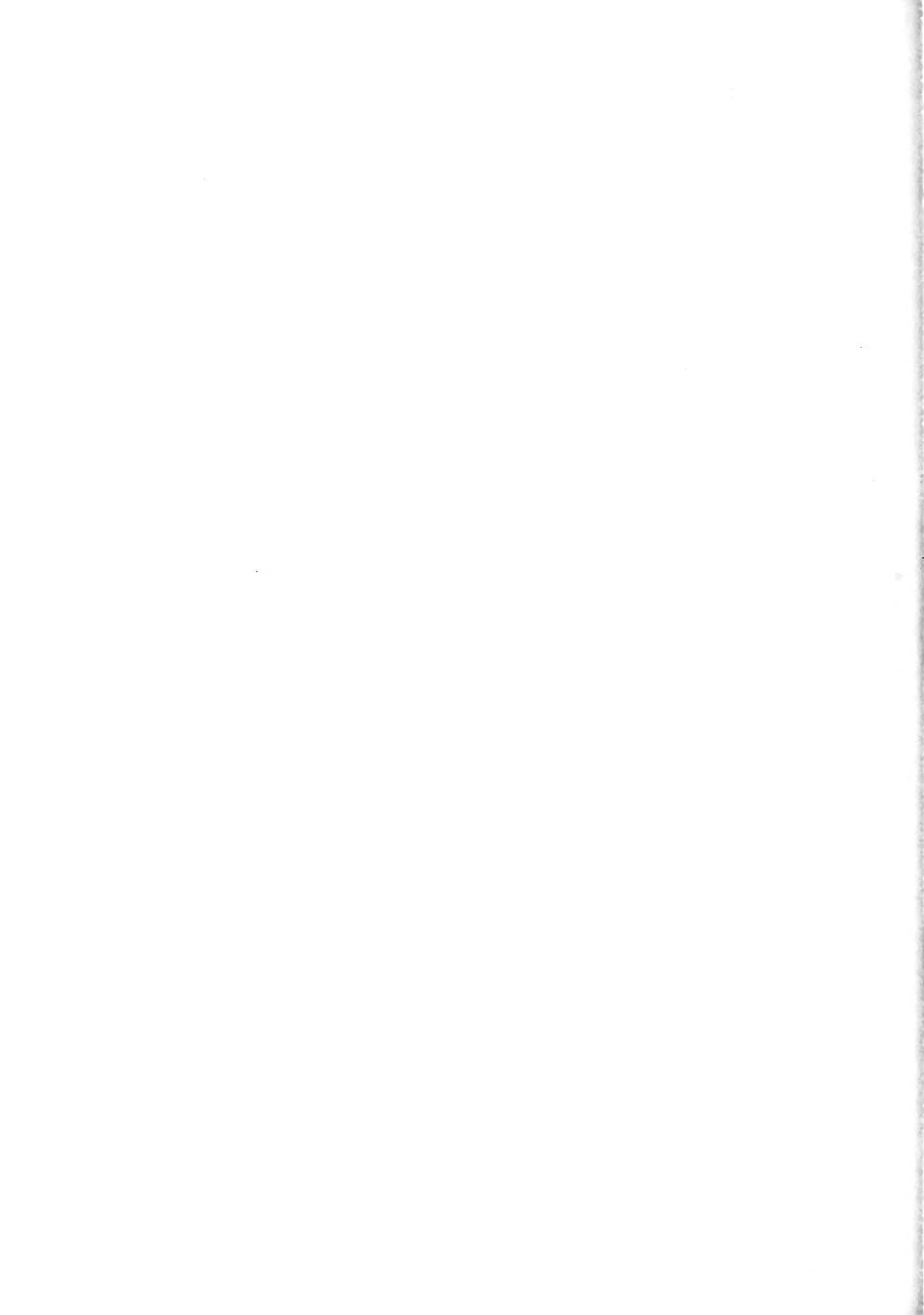
Eighteen hundred and ninety-one respondents who indicate an interest in a baccalaureate degree in nursing also responded to the other two dimensions being considered here; i.e., "closest university" and length of time since completion of highest educational preparation in nursing. (This represents all but 57 of the 1,948 described in Table 3 who are interested in a baccalaureate in nursing.)

The largest total number expressing interest in a baccalaureate in nursing (470) is to be found within the service radius of the University of North Carolina at Charlotte. This would be expected as 1,038 of the 1,323 respondents from that area also indicated that they had no education beyond basic nursing. (A few individuals with basic baccalaureate level preparation would also be included.)

Table 12

Interest in Baccalaureate Education in Nursing According to
"Closest University" and Indicating Years Since Last Nursing Education

	<u>0-2</u>	<u>3-5</u>	<u>6-10</u>	<u>11-15</u>	<u>Over 15</u>	<u>Row Total</u>
UNC-CH	75	47	74	53	98	347
UNC-C	93	76	95	65	141	470
UNC-G	76	51	74	72	107	380
ECU	27	32	39	29	82	209
WCU	18	15	19	21	45	118
None	38	32	48	35	91	244
Other	21	19	21	24	38	123
Column Total	348	272	370	299	602	1891
% Total	18.4	14.4	19.6	15.8	31.8	100



The next largest number was 380 in the service radius of the University of North Carolina at Greensboro; and this was also the second highest area for those with no education beyond basic nursing (nine hundred and forty of the 1,234 respondents from the area had no education beyond basic nursing).

Third largest was the group of 347 near the University of North Carolina at Chapel Hill, just as it was third for those who responded to the level of preparation beyond basic nursing.

The group who received their highest educational level over 15 years ago had the highest number of nurses indicating interest in baccalaureate education (602 or 31.8% of the total 1,891). This represents an open-ended time which could be as much as twenty or more years in some instances. However, the assumption is that there might be educational needs and experiences which would make this a somewhat homogeneous group. They are represented numerically in the same first through third ranking order, as are all of those indicating interest in baccalaureate education.

The other four category time-interval choices represented 3 or 5 year time spans. The 0-2 year category and the 6-10 year category are nearly identical in number for each of the five specified universities. The 6-10 year category is second highest, after the over-15 year category when totaled for all universities, "none" and "other".

Numerical relationships between the 3-5 year category and the 11-15 year category are not so consistent.

SUMMARY

The need for and interest in baccalaureate educational opportunities is probably understated in this data. Those with higher educational backgrounds responded in greater numbers than those without degrees.

More than 3/4 of total survey respondents were married. Nearly 2/3 of respondents have children in their homes.

Nearly 2/3 of those without baccalaureate degrees are interested in seeking such a degree, and 4/5 of these are married.

A variety of scheduling arrangements, child care facilities, and new courses not now available will be essential if the goals of this large nursepower pool are to be realized. Again, this can only be profitably approached for the ultimate consumer, the patient, if the employment utilization patterns are prepared for change in advance of the availability of large numbers of educationally well-prepared nursing personnel. More than 1/2 of the respondents desiring further academic education at the baccalaureate level are now employed as staff nurses. Unless they are enabled to achieve their professional satisfactions and an appropriate share of the rewards through delivering direct patient care, then the patient-side care numbers will inevitably be depleted.

The non-employed nurse group was 17.2% of the sample. Nearly 1/2 or 457 of these indicated plans to return to work within five years. They say the three most persuasive factors to assist them in returning to nursing are a position of particular interest (which is embodied in the concept of improved utilization), care for pre-school children and a refresher course. There were 249 interested in a degree in nursing who are not now employed in nursing.

The numbers of individuals interested in baccalaureate education in nursing, their proximity to universities in the state system, and the time elapsed since previous educational experiences, should assist employers and educators in assessing the potential of and planning for an improvement in the nursing manpower resources already at hand in North Carolina.



Graduate Education

The Surgeon General's Consultant Group describing nursing needs stated that the number of nurses who passes Master's degree or higher should be 11.8% of the registered nurse population by 1970.⁴ The North Carolina Board of Nursing Report for April 1971 shows that there were 385 nurses with Master's degrees or higher registered in the state.⁵ This figure, which represents 2% of all nurses registered in North Carolina, is far short of the needed number of nurses with advanced degrees.

If all the nurses in the survey who expressed an interest in obtaining advanced degrees (703) should accomplish this, 6% of the registered nurse population would have Master's or doctoral degrees. This would be about half the projected level for 1970. The survey data show that 193 individuals with a Master's degree in nursing and 87 who held a Master's degree in other fields responded to the questionnaire. This is 76.3% of all nurses registered in North Carolina who hold Master's degrees and 4.5% of the total respondents to the questionnaire. Fourteen of the 18 nurses with doctorates (77.8%) responded.

The data on graduate education was approached from two vantage points. First, there was a look at those who have advanced degrees, and secondly, an analysis of data related to those who expressed an interest in obtaining advanced degrees.

THOSE WITH ADVANCED DEGREES

Place of Employment

The largest number of those with advanced degrees (93) were employed in baccalaureate or higher degree programs. The setting in which those with advanced degrees worked are shown in Table 13. Included in the category "others" are two of the three nurses with Master's degrees reported by the Board of Nursing as working in nursing homes; the only nurse in the state working in industry, at the time of the survey, who held a Master's degree; and those employed by other health organizations such as the North Carolina Regional Medical Program, and the Board of Nursing.

None of the 68 respondents working in practical nurse programs (47.2% of those reported by the Board of Nursing to be working in such programs) had a Master's degree. Four nurses with Master's degrees working in practical nurse programs were listed by the Board of Nursing.

⁴ U.S. Department of Health, Education, and Welfare, Public Health Service. Toward Quality in Nursing-Needs and Goals, Washington, D.C.: U.S. Government Printing Office, 1963, p. 19.

⁵ North Carolina Board of Nursing. Facts About Registered Nurses and Licensed Practical Nurses to Whom 1970-72 Licenses Were Issued, Raleigh, N.C.: Mimeo-graphed, April 1971.



Ten of the 14 individuals with doctorates who responded to the survey were employed in baccalaureate and higher degree programs.

Table 13

Place of Employment of Survey Respondents
Holding Masters and Doctoral Degrees
(N = 294)

Place of Employment	Master's in Nursing		Master's Other		Total Master's		Doctoral	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Hospital	44	(22.8)	14	(16.1)	58	(20.7)	1	(7.1)
Health Agency	24	(12.4)	11	(12.6)	35	(12.5)	1	(7.1)
Associate Degree Programs	18	(9.3)	5	(5.8)	23	(8.2)	-	-
Diploma Programs	6	(3.1)	10	(11.5)	16	(5.7)	-	-
Baccalaureate and Higher Degree Programs	61	(31.6)	22	(25.3)	83	(29.7)	10	(71.4)
Other	15	(7.8)	11	(12.6)	26	(9.3)	1	(7.1)
No Response	25	(13.0)	14	(16.1)	39	(13.9)	1	(7.1)
	193	(100.0)	87	(100.0)	280	(100.0)	14	(99.8)

Age

The data show that 47.5% of those with Master's degrees were over 40 years of age (22.7% were over 50 years of age). With one exception, those holding doctoral degrees were over 35 years of age.

INTEREST IN OBTAINING ADVANCED DEGREES

There were 576 nurses who expressed an interest in obtaining a Master's degree, and 127 were interested in pursuing doctoral education.

Age

In the following table (Table 14) interest in Master's degrees is shown by age groups. It was noted that 50% were thirty years of age or under. Further, the percentage of those interested in obtaining a Master's degree decreased with an increase in age.



Table 14

Survey Respondents Who Expressed Interest In Obtaining
A Master's Degree By Age Grouping
(N = 576)

Age By Years

Interested in Obtaining Master's	30 and Under		31 - 40		41 - 50		51 and Over		Total
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	
Nursing	213	(37.0)	108	(18.7)	64	(11.1)	23	(4.0)	408 (70.8)
Other	77	(13.4)	50	(8.7)	27	(4.7)	14	(2.4)	168 (29.2)
Totals	290	(50.4)	158	(27.4)	91	(15.8)	37	(6.4)	576 (100.0)

The trend described above does not hold for those with Master's degrees who expressed interest in doctoral study. Categorizing those interested in getting their doctorate by five-year age groupings (26 years through 50), a pattern emerges which shows little difference among the various age groups.

Years Since Highest Nursing Education

The number of years since "highest nursing education" for those interested in a Master's degree is shown in Table 15. There were a larger number among these nurses who had attained their highest nursing education two years or less prior to the survey (120). Little difference is noted among those desiring a Master's for the time periods 6-10, 11-15, and over 15 years since previous highest nursing education. These data presented by "closest university" in this and subsequent tables, also show the general geographic area of the potential candidates for Master's programs.

In order to get some idea of the possible areas of interests for further study by those expressing an interest in a Master's degree, the settings in which these nurses worked, the types of positions they held and the clinical areas in which they were practicing were explored. There were 115 who did not list themselves as currently employed, but who were interested in obtaining a Master's degree.

Work Setting

Table 16 shows the setting in which the 461 employed nurses worked. The highest percentage were working in hospitals (47.9). Educational settings encompassed 22.8% of the group, and 18.9% were in public health settings.

The closest university area with the highest percent of those interested in a Master's degree was U.N.C. - Chapel Hill, with 18.5% of the group. However, this was not appreciably higher than the U.N.C. - Charlotte and U.N.C. - Greensboro area. The findings of this survey show family responsibilities to be named most frequently as the deterrent to pursuit of further education; therefore, there seems to be a need for consideration of collaborative arrangements among the various university schools of nursing and U.N.C. - Chapel Hill School of Nursing and School of Public Health, which have the only Master's degree programs in nursing and public health nursing respectively.



Table 15
**Interest of Survey Group in Master's Degree by Number of Years
 Since Highest Nursing Education and "Closest University"**
 (N=558)

University	0-2 Yrs. Nursing Other Number			3-5 Yrs. Nursing Other Number			6-10 Yrs. Nursing Other Number			11-15 Yrs. Nursing Other Number			Over 15 Yrs. Nursing Other Number			Combined Nursing and Other Total Number		
	Nursing	Other	Total	Nursing	Other	Total	Nursing	Other	Total	Nursing	Other	Total	Nursing	Other	Total	Nursing	Other	Total
UNC-GH	36	12	26	9	10	10	17	7	11	8	146							
UNC-C	23	4	17	8	15	9	14	4	19	4	117							
UNC-G	22	13	22	2	8	9	13	6	8	8	121							
ECU	11	2	4	1	10	7	10	2	13	1	61							
WCU	8	1	4	1	2	0	5	1	3	3	28							
None	12	3	13	5	7	4	3	1	6	1	55							
Other	8	4	0	4	2	2	4	1	5	0	30							
Totals	120	39	86	30	64	41	66	22	65	25	558							



Table 16
Interest of Survey Group in Master's Degree by Work Setting and "Closest University"
(N=461)

	UNC-CH Nursing Other Number	UNC-C Nursing Other Number	UNC-G Nursing Other Number	ECU Nursing Other Number	WCU Nursing Other Number	None Nursing Other Number	Other Nursing Other Number	Total Nursing Other Number	Combined Nursing and Other Total Number
Hospitals	53	17	34	10	27	8	14	2	221
Health Agencies (Incl. Schls.)	18	5	9	2	17	4	17	3	87
Nursing Education:									
L.P.N.	1	2	3	1	3	2	1	0	11
A.D.	2	0	4	1	2	0	1	1	15
Diploma	7	7	6	8	5	2	0	0	30
Baccalaureate	0	1	0	0	2	1	0	0	3
Other	4	7	15	0	8	1	2	1	48
Totals	85	39	75	26	68	23	38	10	461



Type of Position

One of the surprising findings in this study was the percent of those interested in pursuing a Master's degree who were doing general duty or staff nursing (39%) in contrast to those in supervisory positions. Table 17 shows the numbers in the various types of positions who expressed interest in pursuing a Master's degree.

Those who were in the head nurse or supervisor categories comprised 17.6% of the employed group interested in a Master's degree. The category "other" (Table 17) includes administrators as well as consultants and others in health related positions (16.3%).

It was noted that 51 (40.8%) of 125 instructors were interested in a Master's degree in an area other than nursing. Since these individuals were teaching in nursing schools, one might ask if their expressed interest was based on the lack of accessibility to higher education programs in nursing.

Clinical Practice Areas

Respondents to the survey were asked to indicate the area of clinical practice in which they were working. The major practice areas of those interested in Master's degree are shown in Table 18. The largest percentage was found in medical-surgical nursing (33.8%) with public health (15.4%) and maternal and infant (10.2%) following. The category "other" includes 65 who are in general practice (all clinical areas) and varying numbers in such practice areas as anesthesiology (but not included with medical-surgical nursing), occupational health and geriatrics.

It was found that 78.9% of those working in medical-surgical nursing were interested in a Master's degree in nursing. For those in other practice areas, the percentages were: maternal and infant, 76.6%; pediatrics, 73.9%; public health, 77.5%; and psychiatric nursing, 64.7%.

Interest in Doctoral Degrees

There were 280 nurses with Master's degrees in the survey group. Of this total, 127 (45.4%) indicated an interest in obtaining a doctoral degree. In this group were 44 instructors, who accounted for 34.6% of those interested in a doctorate; 13 head nurses or supervisors (12.2%); 4 consultants (3.1%); and those in the category "other", who were 21.3% of the interested group. Most of those desiring a doctorate were employed in nursing full or part time (81.1%). There were, however, 10 (7.9%) who were not employed, and 11 students (8.7%). Two retirees also expressed interest in getting a doctorate. A doctorate outside of nursing was the choice of 74 (58.3%) of those interested. This was not surprising, since there are no programs offering doctorates in nursing in this state and only a limited number in the country.

The number of those expressing an interest in doctorates was small compared to those interested in a Master's degree (576). It was felt that if the present level of interest was sustained, the numbers would substantially increase as more nurses are prepared with Master's degrees. If it is not feasible to have doctoral programs through university schools of nursing, consideration should be given to providing opportunity for advanced studies in nursing for doctoral students enrolled in other programs.

SUMMARY

There were 385 nurses in North Carolina with advanced degrees, of whom 294 (76.4%) responded to the survey. The largest number of this group was employed in educational institutions. Approximately one-fifth of the group was over 50 years of age, and



Interest of Survey Group in Master's Degree by Type of Position and "Closest University"
 Table 17
 (N=461)

	UNC-CH Nursing Other Number	UNC-C Nursing Other Number	UNC-G Nursing Other Number	ECU Nursing Other Number	WCU Nursing Other Number	None Nursing Other Number	Other Nursing Other Number	Total Nursing Other Number	Combined Nursing and Other Total Number	
General Duty or Staff	46	10	26	7	34	5	12	0	9	180
Head Nurse or Assistant	5	1	7	1	5	1	4	0	151	36
Supervisor or Assistant	9	4	9	1	5	5	2	3	15	45
Instructor	15	15	20	13	18	9	9	3	74	125
Other	10	9	13	4	6	3	11	4	51	75
Totals	85	39	75	26	68	23	38	10	18	461

Table 18
Interest of Survey Group in Master's Degree by Clinical Area and "Closest University"
(N=461)

slightly more than half (52.5%) was under 40 years of age.

For those interested in pursuing Master's degrees, the number decreased as age increased. Of the 576 interested in obtaining a Master's degree, 50.4% were 30 or younger and 6.4% were 51 or older. In this group of 576, 70.8% were interested in Master's degrees in nursing and 29.2% in other types of Master's. Among those teaching in nursing education programs, 40.8% were interested in a Master's degree in a field other than nursing. The question of accessibility to advanced nursing programs was raised, as well as the need for consideration of collaborative efforts among the university schools of nursing.

Of those holding Master's degrees, 45.4% were interested in doctoral programs. It was felt that many more than the 127 expressing interest in doctoral programs would be desirous of doctoral education in the future. Recommendations were made for consideration of advanced studies in nursing for students enrolled in doctoral programs.

Continuing Education

Interest is expressed from many sectors in making optimal use of presently available continuing education resources, as well as ultimately increasing the quantity, quality, accessibility, and variety of continuing education opportunities in nursing.

An indication of the priority level which the total respondent group placed on continuing education programs may be gained by exploring answers to Questions 57-61. These questions addressed specific facets of planning and implementing continuing education programs following the general question, "What responsibilities should the North Carolina State Nurses' Association assume in enabling you to meet your educational needs?"

In three of the four specific questions directly related to continuing education, well over 50% of the total survey sample rated them as "highest priority". This is a clear statement of desire for an essential service which cannot be fulfilled for all nurses across the state by the limited financial resources and staff of the professional organization.

Data have been selected from the eighty-item questionnaires which seem to speak more directly to major issues and needs in continuing education among the registered nurse population in North Carolina.

DETERRING FACTORS

Reasons preventing the nurse from attending continuing education offerings were reviewed first (Table 19).

Family Responsibility

Family responsibility was given by 34.7% (or 2,097 nurses) as the major deterrent to their participation in short courses, conferences, or workshops which they would have liked to attend. Respondents from each of the seventeen Governor's Planning Regions were consistent in rating this factor as the primary reason preventing their attendance (Table 20).

Of the respondents listing family responsibility as a major deterrent, 93.6% were married; 5.3% widowed, divorced or separated; and 1% were single.

Direct remedial activity is difficult to plan for lessening the single factor of family responsibility as a deterrent to attendance at continuing education offerings. Correspondence courses and self-learning packages might be of help, but we have very little experience in North Carolina in their use and evaluation in nursing. Individual variations in motivation and time constraints would, of course, make prediction of the success of this method difficult.

Table 19

Reasons Given for Not Attending Desired Short Courses, Conferences or Workshops by Percentages of Total Nurse Respondents by Planning Region*

<u>Planning Region</u>	<u>Family Responsibility</u>	<u>Program Schedule</u>	<u>No Time Off</u>	<u>Distance</u>	<u>Expense</u>	<u>No Response</u>	<u>Total Region Count</u>
A	34.0	12.0	21.0	16.0	5.0	12.0	100
B	32.6	13.9	14.2	12.1	7.1	20.0	380
C	42.4	16.5	10.1	15.1	3.6	12.2	139
D	35.8	20.8	8.5	23.6	1.9	9.4	106
E	40.3	16.5	10.6	12.7	7.2	12.7	236
F	37.0	19.4	16.7	6.8	3.2	16.9	1111
G	37.7	21.2	17.5	5.0	4.7	14.0	1353
H	29.9	17.1	16.2	17.1	3.4	16.2	117
J	31.0	21.8	18.3	4.5	5.7	18.7	1034
K	44.9	19.2	16.7	9.0	1.3	9.0	78
L	26.2	18.1	19.5	12.2	4.5	19.5	221
M	29.8	20.8	18.3	10.4	4.8	15.9	289
N	35.6	15.4	22.1	14.4	2.9	9.6	104
O	30.2	14.2	22.2	13.7	5.2	14.6	212
P	35.4	16.8	15.5	13.7	5.5	13.1	328
Q	33.3	19.8	17.5	11.3	2.3	15.8	177
R	22.7	15.2	18.2	18.2	4.5	21.2	66
Total	2097	1157	1027	532	282	956	6051
% Total**	34.7	19.1	17.0	8.8	4.7	15.8	100

* Survey sample of 6,136 - 85 did not indicate county of residence (N = 6,051)

** Percentages are of row totals

Table 20

Rank Order Within Planning Regions of Reasons Given For Not Attending Continuing Education

<u>Planning Region</u>	<u>Family Responsibility</u>	<u>Program Schedule</u>	<u>No Time Off</u>	<u>Distance</u>	<u>Expense</u>	<u>% No Response</u>	<u>Total Region Count</u>
A	1	4	2	3	5	12.0	100
B	1	3	2	4	5	20.0	380
C	1	2	4	3	5	12.2	139
D	1	3	4	2	5	9.4	106
E	1	2	4	3	5	12.7	236
F	1	2	3	4	5	16.9	1111
G	1	2	3	4	5	14.0	1353
H	1	2-3	4	2-3	5	16.2	117
J	1	2	3	5	4	18.7	1034
K	1	2	3	4	5	9.0	78
L	1	3	2	4	5	19.5	221
M	1	2	3	4	5	15.9	289
N	1	3	2	4	5	9.6	104
O	1	3	2	4	5	14.6	212
P	1	2	3	4	5	13.1	328
Q	1	2	3	4	5	15.8	177
R	1	4	2-3	2-3	5	21.2	66

Total Number Responses

6051

It is likely that experimentation with an evening schedule for continuing education might be the most successful approach to manipulating pertinent variables. This coupled with an approach to improving the "no time off situation" of the largest employing agencies in Regions J and G, together with some efforts directed to improving child care availability outside the home, would be a concentrated activities package. It must be reiterated that success in these two regions could answer problems expressed by 39% (or 2,387 nurses) of the total 6,051 respondents. The usefulness to the total state is re-emphasized when we note that this is a possible solution for 40% of the total nurses in the state.

Program Scheduling

Although a higher proportion of the small number of nurses responding from Regions K, C, and E expressed program scheduling as a deterrent than those from any other regions, the areas with the greatest numerically productive potential are Regions F, G, and J. These regions account for a total of 3,498 respondents, 1,272 of whom have rated family responsibility as the primary deterrent (Table 20). Responses from these three regions were similar in that program scheduling was second to family responsibility in importance as a deterrent to obtaining continuing education, with 1,061 of the 3,498 respondents making this selection.

Manipulation of the program scheduling variable away from the largely existent Monday through Friday, 9 to 5 format has the potential of providing some degree of solution to 66% of all respondents from Regions F, G and J, or for 39% of all respondents from all regions.

There appears to be ample evidence for experimentation with program scheduling which could be spearheaded by a university nursing program in each region, utilizing the community college system to achieve outreach and proximity to the practitioner for appropriate and selected subject matter.

Geographic Isolation

Distance was considered the primary deterrent by only 8.8% (532 nurses) of respondents from all regions. However, more people in Regions D, R, and H indicated distance was a major problem.

The total number of respondents who indicate such isolation from any university center setting by being 50 miles from the five listed universities is 227 (Map II).

Rank ordering of the five regions with the highest percentage indicating that none of the five universities listed were within 50 miles (Question #32) revealed Region N as being the highest with 53.8%. Some "other" university center was listed within 50 miles by 16.3%, thus placing only 37.5% (or 39) of the respondents in Region N beyond 50 miles of a facility.

A similar comparison to other regions indicating none of the five university centers, but some other university center facility showed respondents from Region H to be most isolated, with 39.3% (46 respondents) reporting this situation (Table 21 and Map II).

An outreach network from the five specific baccalaureate nursing programs utilizing consultation to, and appropriate involvement of, those strategically located community colleges and technical institutes would distribute educational opportunities widely. Eighteen of these institutions have an associate degree nursing program. It is feasible also to consider that other than nursing resources of a community-based educational unit may contribute to various continuing education activities for nurses in curriculum areas such as supervision and leadership, communications, etc.

Table 21

Rank Ordering of Five Regions With Highest Percentage
Listing None of the Five Universities Named as Within 50 Miles (Question #32)

Planning Region	No Response	UNC C.H.	UNC Charl.	UNC Green.	ECU	WCU	None of 5	Total Count	% No Center	Total No Center	Total Count
D	5.7	2.8	5.7	12.3	0.9	2.8	47.2	22.6	106	24.0	26
H	8.5	24.8	12.0	6.8	0.0	0.0	43.6	4.3	117	39.3	46
M	11.8	38.8	1.4	3.8	1.4	0.3	37.7	4.8	289	32.9	95
N	12.5	12.5	2.9	0.0	1.0	1.0	53.8	16.3	104	37.5	39
R	10.6	1.5	0.0	3.0	48.5	1.5	33.3	1.5	666	31.8	21
Total Number of Responses											227

Miscellaneous Deterrents

Less troublesome factors were no time off (17.0% or 1,027 nurses) and long distance (8.8% or 532 nurses). Expense was of least concern (4.7% or 282 nurses), but of course, it is acknowledged that economic factors may have also been involved in each of the other factors --- particularly family responsibility and time off. There were 15.8% (or 956 nurses) who did not respond.

Having examined some of the constraints to attending continuing education and recommended some potential solutions, consideration now turns to the need for continuing education in nursing in North Carolina.

Other Isolating Factors

It was thought that potential groups of nurses with even greater than the usual needs, due to factors listed above, might be those nurses who:

1. Were prepared in diploma or associate degree programs and have no further academic preparation,
2. Are employed in small numbers in employment settings which lack in-service education opportunities; provide less adequate supervision; and isolate them from their professional peers as in nursing homes, schools, industry, and physician offices,
3. Are unemployed or employed part time,
4. Are unemployed and who have been away from nursing practice for some time.

Basic Preparation

Nurses who received their basic preparation in diploma programs comprise 81.9% of the total respondents, while 5.2% received basic preparation at the associate degree level; this is a combined total of 87.1% with basic preparation at less than the baccalaureate level (there was a total of 4,358 nurses responding). This group, none of whom have had additional academic preparation beyond their basic nursing preparation, attended an average 1.3 workshops each. It is noteworthy that 48.7% (or 2,126 nurses) of that group attended no workshops at all.

Those 610 respondents who received basic preparation at the baccalaureate level attended 1.8 workshops each and 32.0% (195 nurses) of the baccalaureate group attended

no workshops at all.

Table 22 indicates that the 781 diploma and associate degree respondents whose employing agency provided opportunities for attendance at conferences, etc., with time off attended an average of 1.4 workshops. The 1,368 whose agencies provided both time off and payment of all or part of expenses attended an average of 2.2 workshops. Another 1,035 have neither of these forms of assistance from employers and attended only 0.8 workshops.

Table 22

Workshop Attendance of the Diploma and Associate Degree Nurse Without Further Academic Preparation in Relation to Opportunities Provided by Employing Agency (Questions 41 & 44)

Number Workshops Attended	No Response	Provides				Total Number	Total Percent N = 4358
		Provides Time Off	Time Off and Expenses	Neither	Other		
No							
Response	53.4	12.5	15.9	17.0	1.1	88	2.0
0	28.9	15.9	15.1	30.6	9.5	2126	48.8
1	11.2	20.7	39.7	22.2	6.1	685	15.7
2	7.0	22.8	46.2	16.1	7.9	584	13.4
3	4.1	18.7	54.2	17.2	5.8	343	7.9
4	9.9	16.1	52.8	14.9	6.2	161	3.7
5	6.4	20.5	60.3	7.7	5.1	78	1.8
5+	6.1	17.1	59.0	11.9	5.8	293	6.7
Column Totals	832	781	1368	1035	342	4358	
% Total	19.1	17.9	31.4	23.7	7.8	100	100

Assistance from the employer may significantly influence the number of workshops this group attends. This may be an important motivating factor.

Isolating Employment Settings

Another group who may have great needs of a specialized nature but represent small numbers are those in employment settings which may be lacking in in-service education opportunities, have inadequate supervision, and are isolated from their professional peers. The five groups (indicated by asterisk in Table 23) taken together represent only 14.5% of the total (or 890 nurses).

It is interesting to note that this figure closely approximates the 17.5% (762 nurses) who responded that they had neither in-service nor orientation.

Availability of In-Service Education

In an effort to assess other educational opportunities available to those with a diploma or associate degree preparation, availability of orientation and/or in-service program through their employing agencies was explored; 8.1% (354 nurses) had only an orientation program available; 10.2% (444 nurses) had only an in-service program; 47.2% (2,077 nurses) had both; and 17.5% (762 nurses) had neither.

The 762 with neither in-service education nor orientation plus the 354 with only an orientation program account for 1,116 employees with no immediately accessible help. Some speculation as to where they may be follows.

Table 23
Present Employment of Respondents

	% of Total	Total Count
No Response	18.0	1103
Private Duty	3.3	202
Hospital	47.4	2911
*Nursing Home/Extended Care Facility	3.1	188
*Doctor or Dentist's Office	6.6	407
Local or State Health Agency	8.0	490
Comprehensive Health Organization	0.3	16
*Schools	1.5	95
*College Infirmaries and Student Health	1.2	71
*Industry	2.1	129
Licensed Practical Nurse Education Program	1.1	68
Associate Degree Nursing Program	1.0	61
Diploma Nursing Program	1.7	105
Baccalaureate and Higher Degree Nursing Program	1.6	101
Other	3.0	185
Column Totals	100.0	6136

It is apparent that this large group of respondents with a great need for upgrading knowledge and skills is not having this need met through either opportunities purchased by or provided through their own institution or agency. Although accreditation of hospitals by the Joint Commission on Accreditation of Hospitals now requires an in-service program, most hospitals are faced with a tremendous problem of financial and faculty resources to provide this for all employees, with those providing nursing service comprising the largest group. In most institutions these costs are ultimately reflected in patient costs.

Full Time and Part Time Employment

Motivation for attending workshops is apparently greater among those nurses who are employed full time, as the awareness of what is available and the opportunities to attend are often assisted by the employer. However, it must be reiterated that only 64.5% (or 4,012 nurses) of the respondents are employed full time in nursing (30 or more hours per week); 15% (922 nurses) are employed part time; and 13.4% (821 nurses) are not employed.

Of the nurses attending no workshops, 36% were full time; 56% part time; and 83.1% were not employed. In every instance figures for number of workshops attended diminish as viewed for each of the above categories. The unemployed nurse participates minimally and has no way to keep her skills and competencies current.

Prime Target Group

The variety of explorations of attendance at continuing education programs led to speculation about the characteristics describing a large group with an unmet need for continuing education and potential for participation.

A hypothetical group was specified with the following characteristics:

1. Age under 25 through 50 (81% of sample),
2. Basic preparation at diploma or associate degree level without further academic preparation,

3. 6 to 10 years out of nursing school,
4. With employers providing time off or time off and expenses for attendance at workshops.

Nurses who fit all of these characteristics (831) make up 14% of the total respondents.

Another 524 nurses are identical to this group except that they have been out of nursing school from 0 to 5 years. These two groups equal 23% of the total respondents (or 1,355 nurses).

It does seem a useful and potentially successful endeavor to seek support for this homogeneous group with apparent needs as well as several positive factors which make attendance more likely.

CONTINUING EDUCATION CONTENT DESIRED

The nurse consumers' special interest for specific content to be presented in continuing education offerings may be an additional positive factor and a motivational force for attending.

This part of the report focuses on the respondents' interests for continuing education in selected content areas. The findings should be of interest not only to nurses but to the agencies and organizations within the state that provide continuing education for nurses.

There were a sizable number who did reply that several of the suggested content areas were of no interest, and there were some who did not answer the question at all. Five questions (#46, #47, #48, #49, and #50) about the possible content for continued learning were asked. The question was, "What are the areas of your special interest for continuing education?" This was followed by five areas with a request to respond "yes" or "no" to each of the special interest areas.

The number of people who responded to each question varied; relationships between responses from given individuals were not determined. Further, it is not possible to know which of these respondents were currently practicing and which were not. Table 24 shows the responses (including the number who did not respond to the items at all).

Table 24

Responses to 5 Special Interest Areas for Continuing Education*

<u>Special Interest Area</u>	<u>Interested</u>	<u>Not Interested</u>	<u>No Reply</u>
New Skills and Techniques in Patient Care	3428	253	236
New Roles in Nursing	3006	588	328
Management of Patient Care	3084	486	347
Investigation of Patient Care Problems (Nursing Research)	2294	1204	419
Evaluation of Patient Care	2865	655	354

* Questions 46,47,48,49 and 50

From these data a second Table 25 follows; it is based on the replies and does not include those who did not answer the questions at all.

Table 25

Percent of Respondents Interested and
Not Interested in Special Areas for Continuing Education*

<u>Content Area</u>	<u>Total Replies**</u>	<u>% Interested</u>	<u>% Not Interested</u>
New Skills and Techniques in Patient Care	3681	93.1	6.9
New Roles in Nursing	3594	83.6	16.4
Management of Patient Care	3570	86.4	13.6
Investigation of Patient Care Problems (Nursing Research)	3498	65.6	34.4
Evaluation of Patient Care	3520	81.4	18.6

* Questions 46,47,48,49 and 50

** Total replies are the "interested" plus "not interested" responses (see Table 24)

From Table 25 it can be seen that the survey respondents are greatly interested in learning about new skills and techniques in patient care. The number of respondents interested in each of the five content areas varies from 93% to 66%. The greatest number was interested in "New Skills and Techniques in Patient Care." "Management of Patient Care" was second in rank with "New Roles in Nursing," "Evaluation of Patient Care," and "Investigation of Patient Care Problems" following in that order.

In spite of the overwhelming number of respondents who said "yes" to each of the five content areas, the candid replies of "no interest" to certain content areas justified further study. The distribution of the replies stating "no interest" was explored. The difference from one region to another in the number of nurses who were not interested in any one of these five content areas is available to the providers of continuing education who serve that particular region as well as those who serve state-wide interests.

The percent of respondents "interested" and "not interested" in each subject area for continuing education by region may be seen in Table 33 in Appendix D.

Position and Interest Areas

State-wide, it was possible to report the percent interest in these five content areas according to the position held by the respondent. This is shown in Table 26. The table demonstrates that the proportion of respondents interested in the five subject areas varies according to the position held. The proportion (63%) of general duty nurses who are interested in the investigation of patient care problems is much smaller than the proportion (86%) of consultants interested in this area. Ninety-four percent of the head nurses and assistant head nurses were interested in new skills and techniques in patient care, whereas 81% of the consultants were. Surprisingly, a greater proportion of supervisors were interested in nursing research (investigation of patient care problems) than were instructors.

Table 26

Respondents' Interest in Each
Subject Area for Continuing Education by Respondents' Position

SUBJECT AREA INTEREST

	SUBJECT AREA INTEREST												Investigation of Patient Care Problems			Evaluation of Patient Care Problems				
	New Skills						Management of Patient Care						Yes		No		Yes		No	
	Yes		No		Yes		Yes		No		Yes		Yes		No		Yes		No	
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)
General Duty or Staff	1980	(93.2)	144	(6.8)	1695	(81.4)	387	(18.6)	1744	(84.8)	312	(15.2)	1266	(62.8)	751	(37.2)	1593	(78.4)	439	(21.6)
Head Nurse or Assistant	607	(94.4)	36	(5.6)	533	(85.6)	90	(14.4)	556	(89.1)	68	(10.9)	411	(67.6)	197	(32.4)	499	(81.5)	113	(18.5)
Supervising Nurse or Assistant	487	(93.5)	34	(6.5)	431	(86.7)	66	(13.3)	468	(92.1)	40	(7.9)	346	(71.3)	139	(28.7)	430	(88.1)	58	(11.9)
Consultant	30	(81.1)	7	(18.9)	35	(94.6)	2	(5.4)	30	(30.9)	3	(9.1)	31	(86.1)	5	(13.9)	33	(94.3)	2	(5.7)
Instructor	324	(91.0)	32	(9.0)	312	(87.9)	43	(12.1)	286	(81.9)	63	(18.1)	240	(68.2)	112	(31.8)	310	(87.8)	43	(12.2)
	3428		253		3006		588		3084		486		2294		1204		2865		655	

SUMMARY

The complexity of continuing education needs for more than 18,000 North Carolina nurses with heterogenous preparation will require identification of a central authority for the planning, coordinating and implementing of a state-wide continuing education network. The fullest use of the resources of the university system and the community college system, private educational institutions, professional organizations, agencies and institutions could all be incorporated into a much more effective network than presently operates.

Family responsibility was described as a major deterrent to attending continuing education programs in every region. One-third of North Carolina's nurses could be reached by a concentration of pilot programs in Regions J and G. Objectives of pilot programs could be to promote community child care facilities for use of graduate nurse students and scheduling of continuing education programs in satellite settings during evening hours.

There should also be enhancement of the growing awareness of employing institutions of their responsibility to enable employees to fully utilize such opportunities.

Regions D, R and H were first, second and third respectively in ranking distance as a major deterrent to attending continuing education courses. The use of educational television and telelecture systems is relatively untried in North Carolina and should be considered as possible approaches for reaching the relatively isolated Regions of D, R and H.

Regions M and N had high numbers of nurses (393) indicating a distance greater than 50 miles from any university center. A major outreach effort of a university baccalaureate nursing program accessible to both southern Regions M and N might be useful.

Seventeen and one-half percent of respondents have no in-service program in their employing agency. Encouragement of cooperative sharing of "a circuit riding" in-service education director between several small hospitals and/or agencies would achieve several purposes. It would surely increase the availability of the small number of nurses qualified to perform this crucial educational service for nursing personnel. In-service education now required for hospital accreditation by the American Hospital Association might be an inducement in such an endeavor. The cost-efficiency of this well-prepared employee may also be improved. The salary level required to attract such persons could be shared by several health institutions. The closer communication between nursing service departments in local areas which could evolve has served a very useful purpose in areas of North Carolina where this has already happened.

Faculty leadership and adult education skills are needed in a program "to train the trainers" to meet the needs of those institutions and agencies still without organized in-service trainers.

Thirteen hundred fifty-five nurses were identified with similar backgrounds, which included no additional preparation beyond basic diploma or associate degree, no more than 10 years out of a basic nursing education program, under 35 years of age, full or part time employment, and whose employers provide some support to their attendance at educational programs. This homogenous group should present the best chance of successful participation and utilization of a coordinated continuing education program. The specific continuing education needs could be identified from an in-depth analysis and follow-up of this available data for selected geographical regions, employment group and clinical practice areas within the group. A coordinated approach could be planned and implemented through the state-supported university system in conjunction with the community college system.

The North Carolina State Nurses' Association

PROFESSIONAL NURSE ORGANIZATION MEMBERSHIP AMONG SURVEY RESPONDENTS

Less than 1/3 of those responding to the question on membership in professional organizations indicated they belonged to ANA/NCSNA* (31%). Of those who held membership in the ANA, 420 (22.9%) also held membership in one or more other professional organizations. Among the total respondents, there were 451 nurses (7.6%) who belonged neither to the ANA nor the National League for Nursing (the two major nursing organizations), but who belonged to specialized associations such as those for nurses in anesthesiology, obstetrics, operating rooms, industry, and public health.

As might be expected, the number of nurses who were ANA members increased as age increased, with 18.2% of those under 25 years reporting membership as compared with 72.1% in the 46-50 year old group. It would seem that a logical target group for recruitment into professional organizations would be those under 35 years of age since neither the 26-30 year olds nor the 31-35 year olds showed as high enrollment in ANA as did nurses in the older groups. Membership (among respondents) began to fall after age 50. However, 35.6% of those over 60 years of age retained their ANA membership.

The question has been raised about the relationship between the level of education the nurse has and her membership in ANA. Table 27 shows that the percentage of participation was higher for those groups with higher education. Only 24.5% of those with no academic preparation beyond their basic nursing education (as evidenced by degree attained) were ANA members, as compared with 77.6% of those with Master's degrees in nursing.

The number of those with no degrees beyond their basic preparation who were members of ANA was 1076. This is more than double the combined number of those with degrees beyond basic preparation (B.S., M.S., and doctorates). The relevance of the organization to the largest group, those with no academic preparation beyond their basic nursing, should be given consideration.

Nurses employed in health agencies were more apt to belong to ANA than nurses employed in hospitals or nursing homes, and more of the latter two groups belonged to ANA than did nurses employed in doctor's offices and industry. (Table 28). There may be a relationship to educational levels here. Nurses doing private duty reported the highest rate of participation. This is to be expected since many professional nursing registries require ANA membership.

* The American Nurses' Association/ N.C. State Nurses' Association, hereafter referred to as the A.N.A.

Table 27
 Membership in ANA/NCSNA and Other Nursing Organizations
 By Highest Academic Preparation of Those Responding to Question

Highest Preparation Beyond Basic	Membership in Nursing Organization		
	ANA/NCSNA % of N	Other % of N	None % of N
None (N = 4389)	24.5	10.9	68.2
Baccalaureate in Nursing (N = 548)	36.7	19.2	54.2
Baccalaureate - Other (N = 109)	49.5	27.5	38.5
Masters in Nursing (N = 192)	77.6	51.1	16.7
Masters - Other (N = 84)	72.7	51.2	20.2
Doctorate (N = 14)	100.0	85.7	0.0

Table 28
 Membership in ANA/NCSNA By Place of
 Employment of Those Responding to Question

Place of Employment	Membership in ANA/NCSNA % of N
Private Duty (N = 180)	75.0
Schools of Nursing (N = 331)	67.4
Health Agency (N = 505)	49.0
School (N = 155)	42.3
Hospital (N = 2876)	26.5
Nursing Home (N = 186)	25.2
Industry (N = 127)	22.0
Doctor's Office (N = 404)	12.6
Other (N = 242)	39.3

As anticipated, the rate of participation in ANA increased as level of position increased. The percentage of supervising nurses who belonged to ANA was more than double that for general duty nurses, (Table 29). Again, one would question the perception by the general duty nurse of the relevance of the organization.

Table 29
Membership in ANA/NCSNA By Type of Position
for Those Responding to Question

Type of Position	Membership in ANA/NCSNA % of N
General Duty (N = 2285)	19.4
Head Nurse (N = 677)	32.7
Supervisors (N = 562)	29.2
Consultants (N = 39)	69.3
Instructors* (N = 374)	58.9

* Includes those teaching in institutions outside of schools of nursing such as inservice directors in hospitals.

With few exceptions there was little difference in membership rates of nurses working in the various clinical areas. Those showing higher rates of membership were nurses working in psychiatry (32.7%); in schools (36.7%); and in public health nursing (54.3%).

These findings indicate that the diploma nurse with no further academics is less apt to join the major professional nursing organization. This situation holds also for those doing general duty nursing. Questions can be raised here about this group.

- 1) What are their financial limitations?
- 2) How do they view their responsibility to nursing?
- 3) How do they view the relevancy of ANA to their professional role?

NORTH CAROLINA STATE NURSES' ASSOCIATION SERVICES & PRIORITIES

One of the purposes of this survey was to provide an opportunity for all nurses in North Carolina to express their opinion about the services and responsibilities of the North Carolina State Nurses' Association.

The overall question asked of all potential respondents, not just members of NCSNA, was: "What responsibilities should the North Carolina State Nurses' Association assume?" Nurses were asked to rate a series of services and responsibilities in order of priority as they saw them.

About 90% of all respondents completed the portion on NCSNA services, even though only 31% were members of NCSNA. A greater percentage of member nurses rated all the

Table 30
 High Priority Rating Given to NCSNA Services
 by Total Survey Group, NCSNA Members, and Non-Members

Service	H I G H P R I O R I T Y R A T I N G B Y		
	Total Group %	Members %	Non-Members %
Service			
Planning for, promoting and interpreting legislation affecting nursing	78.0	79.8	69.3
Information on legislation affecting nursing	77.7	78.4	70.0
Provide standards for nursing practice	76.4	75.6	68.6
Information on new developments in nursing practice	74.3	71.3	68.2
Sponsor workshops and conferences on nursing practice	70.0	68.4	63.5
Work with educational institutions to plan and coordinate educational programs for nurses	69.8	66.9	63.9
Assist nurses to secure better fringe benefits (sick leave, educational leave, retirement, etc.)	69.3	61.5	65.8
Provide information on educational opportunities for nurses in North Carolina	69.0	67.7	67.5
Provide salary scales for nursing positions	65.6	61.7	60.4
Assist nurses to gain a voice in decisions affecting patient care	65.2	65.4	58.4
Stimulate employers to provide service and other educational needs	64.7	57.9	60.9
Assist nurses to earn higher salaries	64.2	56.2	60.6

Table 30 continued

	Total Group %	Members %	Non-Members %
Assist nurses to get improved personnel policies	64.1	58.2	59.8
Work with other health disciplines in planning for the total health care of people in North Carolina	62.5	65.0	54.5
Provide standards and guides for the planning and evaluation of nursing care	60.1	63.5	52.1
Provide information on what is going on in health care in North Carolina	58.7	61.7	51.4
Working with other health professionals in defining and clarifying roles in patient care	56.2	60.4	48.4
Counseling about jobs and education	55.0	54.0	49.6
Provide information on available health services for patients	52.8	51.4	47.7
Provide consultation on resources for educational programs	51.3	51.1	44.8
Retirement plans	51.3	48.0	47.6
Planning for the health of the people of North Carolina	48.8	51.5	42.5
Work with community groups to interpret nursing	47.3	50.1	41.0
Group rate insurance plans	41.9	39.9	38.1

items as "high priority" than did those who were not members. Table 30 shows the items checked in descending order, with those selected by the largest percent of the total group at the top of the listing. It will be noted that the first four items listed were checked by the largest percentage of respondents in the total group, which included many who did not respond to the question on membership. Activities related to legislation were at the top of the list, with group rate insurance plans at the bottom. Activities related to the economic and general welfare of the nurse fell in the "top ten" and were considered to be of high priority by a sizable number of respondents.

Those nurse respondents who were fully employed in nursing did not differ to any great degree from the total group in their high priority listings. Smaller percentages of the unemployed nurses gave "high priority" ratings to these items. However, the same directional trend was noted for both groups.

There were only five services for which 5% or more of the total respondents checked that NCSNA should not assume responsibility. These were group insurance (10.0%); retirement plans (8.5%); working with other health disciplines in planning for the total health care of people in North Carolina (7.2%); providing information about available health services for patients (6.4%); and providing salary scales for nursing positions (5.0%).

COMMENTS

Opportunity (space and request) for comments, suggestions, and opinions was provided. Approximately 1/5 of the survey group made 1 or more comments. These were related to dues, membership, treatment of diploma graduates, education, and miscellaneous topics.

Of the 201 comments on dues, 192 said they were too high. Membership-related comments (400) included 42 which stated there should be compulsory membership, 27 who felt membership should continue to be voluntary, and 167 who stated a need for active recruitment in their area and in the state. Many of these comments referred to individual unsuccessful efforts to discover their local membership chairman. Several nurses new to the state commented that no one had approached them to join.

Comments were made by 205 diploma graduates. Some felt professionally insecure (26) or downgraded (39) or both (66). There were 94 comments which either deplored the closing of diploma schools of nursing or pleaded for their continuance. Several diploma graduates stated that they were bypassed for promotions because they had no degrees. Experience, many of them said, was ignored in favor of baccalaureate nurses who frequently were just out of school.

Education for nursing was mentioned 418 times. The comments referred to the need for credit toward a nursing degree for continuing education and other courses (121), the convenience of programs (64), the need for information about nursing courses (44), and a variety of expressions (201) about individual experiences with attempts at furthering education, the various constraints and, for several, disheartening contacts with nursing educators.

Of the 1238 miscellaneous comments, 78 dealt with the questionnaire. They were directed to the size of the print, the small size of the return envelope, pleasure at receiving the questionnaire, and a few comments about the financial cost of the venture. There were 397 personal comments which included many expressions from retired nurses, individuals unhappy about the state of the world and nursing, many who were very pleased with the NCSNA activities, and some who were dissatisfied with the activities. The comments were invaluable in that they provided an added dimension to the responses to the questions.

SUMMARY

This chapter has dealt with data on professional organization membership, priorities of NCSNA services and individual comments by respondents. Only 31% of the survey respondents were members. Higher percentages of older nurses, nurses with higher education, and nurses in supervisory, teaching, and consultant positions were members. Nurses in public health schools and in psychiatry were more apt to belong to ANA than nurses working in other clinical areas.

Indication that the diploma graduate nurse with no further education who is doing staff or general duty nursing is less apt to join the ANA raises questions about the financial limitations of this group, their perception of their responsibility to nursing, and their views of the organization's relevancy to their role.

The data show that the items among the ten receiving high priority rating by largest percent of respondents cut across five areas of responsibilities and included services related to:

1. the Association and its responsibilities in representing nursing;
2. the provision of high quality patient care;
3. the educational needs of nurses;
4. the nurse's work situation; and
5. the provision of information relevant to nursing.

There seemed to be no real differences in the trends of high priority ratings among members, non-members, employed and unemployed nurses.

Conclusion

This was the first time all of the nurses registered in North Carolina were asked to provide information about their work, and to express themselves about their educational needs and their professional organization.

The 6136 usable responses were computerized and the data analyzed. Much of the information is presented in this report and is the basis for the conclusions expressed by the investigators. Although only about 1/3 of all the nurses registered in North Carolina responded, it was felt that the size and distribution of the sample and of sub-groups within the larger sample were sufficient to permit generalizations about North Carolina nurses.

EDUCATION

More than half the respondents were interested in further academic education. However, it is evident from the data that for several years to come there will still not be a sufficient number of nurses with advanced degrees to meet North Carolina's needs. The development of patterns of utilization which effectively use the better prepared nurse and the initiation of a reward system which keeps her in direct patient care services is indicated.

Interest in and need for continuing education and inservice programs which improve the skills of the nurse providing direct patient care was expressed by those in the survey. Plans which provide for cost-sharing and collaboration among institutions could attract well qualified in-service educational directors for institutions which could not afford such a person on a full-time basis. A leave policy for continued education is another possible solution to the need for in-service programs.

It is stated frequently that the professional person should assume responsibility for self-development. This investigation showed that nurses whose agencies provided time off and full or partial payment of expenses attended an average of 2.2 workshops, whereas those who had neither of these forms of assistance attended an average of 0.8 workshops. There may be a need to interpret to nurses the tax deductible aspects of continued education.

In the chapters on education several suggestions were made for increasing opportunities for education. One of these involves a central source for information about educational programs. This information might include the types of programs available, whether or not credit is provided, the opportunity to challenge courses in baccalaureate programs, the availability of student aid and the accessibility of the program. There is a continuing education group already established in this state. It would seem that this group might consider the development of a plan for providing a central source of information through General Administration of the University of North Carolina System, NCSNA, or some other agency.

If nurses are to have a voice in legislation about and planning for nursing programs, then it would seem that they must be involved in the broader planning for health care. The nursing role and the programs which prepare the nurse to fill that role are only one part of the total health care picture - a picture which, like a puzzle, must have all parts carefully and systematically fitted together to make a coherent whole.

If nurses are to have a voice in legislation about and planning for nursing programs, then it would seem they must also be involved in working with community groups to interpret nursing. Only through such interpretation can those outside the profession, including legislators and the people they represent, understand the scope of nursing services, the nature of nursing problems, and the goals of the nursing profession.

On the basis of the survey data pertaining to the services of NCSNA, it would seem that nurses need to have interpreted for them the importance of nursing involvement in community health affairs - in both planning and interpretive areas.

COMMENTS

The comments made by hundreds of nurses were an important aspect of the survey. There was a poignancy to many of the pleas for clarification of nursing roles and nursing goals, and for the continuation of diploma programs. Many diploma nurses feel they are regarded as professionally and educationally inadequate and are often "put down" in comparisons with degree nurses. When promotions are given, they feel they are often passed over despite extensive experience. NCSNA needs to give consideration to cooperative efforts which would promote the professional well-being and effectiveness of all nurses in the state.

A group of comments are being further analyzed by Clara Walters, a faculty member at the UNC School of Nursing. This in-depth analysis should provide an insightful profile of those who made the effort to express themselves.

FURTHER STUDIES

The investigators in this report selected certain areas of interest for discussion. The major aspects of the study have been covered. However, there are possibilities for further studies using the data on hand. The data can also serve as springboards for other studies. Examples of the kind of questions not mentioned previously which might be pursued are:

What would it take for those who indicated an interest in advanced education to actually enroll in a program?

If NCSNA members were to be presented with the ten services rated high priority by the greatest number of respondents, which one would they select for greatest emphasis?

What is the age, position, educational background, years of active practice, and clinical area for those who responded to the questions related to opportunity to use knowledge, skills, and abilities in those areas affecting patient care?

Making educational programs accessible is a challenge to educators. Some experimentation is indicated with evening and weekend nursing courses, programs of preceptorship which provide for clinical teaching in areas close to the students' home, and more collaborative efforts with junior and other colleges and to provide nursing courses. There should not only be increased opportunities to take challenging exams, but also the encouragement of potential students and counseling of interested individuals. This is particularly important for minority groups.

Although the survey questionnaire did not seek to identify nurses by race, there was some indication that minority group nurses felt a lack of opportunity for further education. The suggestion is made that this issue be further explored by a committee which might include representatives from NCSNA, the North Carolina Manpower Development Program, and other groups involved with education of minority persons.

Unemployed nurses are another group which may have special needs. One-half of the unemployed nurses in the survey stated that they planned to return to work within five years. It is suggested that nurses from this sample be invited to be a part of a planning committee with representatives from potential employers, faculty from various types of nursing programs (including the family nurse practitioner program), and representatives from other specialty interests such as the Heart and Diabetes Associations, etc. Objectives would include the development of plans for conferences and other educational opportunities which would enhance the unemployed nurse's reentrance into the active nursing role.

One of the most important factors in the provision of the various educational opportunities is the availability of qualified instructors. This study pointed up some of the constraints cited by those seeking advanced degrees. It would seem that the pursuit of collaborative efforts between UNC-Chapel Hill, which has the only graduate programs in nursing and public health nursing, and other universities which have faculty and clinical resources should be continued. Further consideration might also be given to exploration of doctoral programs as well as nursing courses at an advanced level for those working on doctorates in other fields.

Study of the reading habits of nurses in North Carolina pointed up that the American Journal of Nursing and R.N. magazine were more widely read than other professional journals. Over 500 respondents said they read no professional articles. Respondents were not asked if they had access to professional literature, but it is a matter that should be considered in terms of continuing education. If accessibility to professional literature is a problem, plans could be developed for circulation of materials, joint subscriptions, and other means of sharing professional journals.

PRIORITIES FOR NCSNA

The emphasis on legislative activities by the high percentage of survey respondents selecting these activities as high priority items is supportive of the efforts by NCSNA in this direction. As was expected, the next largest percentage of nurses said that high priority should be given to providing standards for practice, information on new developments in practice, and sponsoring workshops.

Those items selected as high priority by the lowest percentage of respondents included personal services such as group rate insurance and retirement plans. In fact, 10% of the respondents said that group insurance should not be a responsibility of NCSNA, and 8.5% said retirement plans should not be a responsibility of NCSNA.

In a response which seems inconsistent with the emphasis on legislation, less than half the respondents gave high priority to two other services, "planning for health care" (48.8%) and "working with community groups to interpret nursing" (47.3%).

FROM WORDS TO ACTION

It is hoped that the information provided through "Operation Input" will be used as a basis for action to improve the quality of nursing through coordinated effort; to expand available opportunities and create new ones in education for all nurses; and to strengthen ANA/NCSNA, the nurse's major professional organization.

APPENDIX A



NORTH CAROLINA STATE NURSES' ASSOCIATION

P O Box 12025

RALEIGH, NORTH CAROLINA 27605

2301 CLARK AVENUE

833-3082

Dear Colleague:

Your help is needed in a project to improve nursing and patient care in North Carolina. We are contacting every registered nurse in the state.

To find out what you think about a variety of topics related to your practice and to patient care and what you see as your needs in improving your practice, the North Carolina State Nurses' Association initiated the idea of a survey of all currently registered nurses in the state. The survey is co-sponsored and supported by the University of North Carolina-Chapel Hill School of Nursing, the University of North Carolina-Greensboro School of Nursing, the North Carolina Regional Medical Program, and the North Carolina Board of Nursing, which provided the list of registered nurses.

The more response we get from this survey, the better all these groups can work together in planning future programs and services to meet your needs and thereby to improve health care. Please give a few minutes of your time to speak out on what your needs are and on what you think a professional organization should be doing for nursing and patient care. (A pre-test showed that it probably will take less than 15 minutes to answer these questions.)

No individual will be identified in any report or summary resulting from this survey. Please answer all questions as directed and return the questionnaire within one week, if possible, in the enclosed postage-paid envelope.

Sincerely,

THE SURVEY STEERING COMMITTEE

SURVEY OF NURSES IN NORTH CAROLINA

Please answer all the questions to the best of your ability, omitting only those which do not apply to you. Please read the whole question and then check one response only unless otherwise indicated.

Biographical Data

1. Age in years

- | | |
|--------------------------------------|-------------------------------------|
| 1. <input type="checkbox"/> under 25 | 6. <input type="checkbox"/> 46 - 50 |
| 2. <input type="checkbox"/> 26 - 30 | 7. <input type="checkbox"/> 51 - 55 |
| 3. <input type="checkbox"/> 31 - 35 | 8. <input type="checkbox"/> 56 - 60 |
| 4. <input type="checkbox"/> 36 - 40 | 9. <input type="checkbox"/> Over 60 |
| 5. <input type="checkbox"/> 41 - 45 | |

2. Sex

1. Female
2. Male

3. Marital Status

1. Single
2. Married
3. Widowed, divorced, separated

4. Children

Check the number of children in your home for whom you are responsible.

1. No children
2. 1 - 2 children
3. 3 - 5 children
4. 6 - 8 children
5. More than 8 children

5. Membership in Professional Nursing Organization

To which of the following Nursing Organizations do you belong? Check one only.

1. None
2. ANA/NCSNA only
3. NLN/NCLN only
4. Both ANA and NLN
5. Other only, specify: _____
6. ANA/NCSNA and other, specify other: _____
7. NLN/NCLN and other, specify other: _____
8. Both ANA/NCSNA and NLN/NCLN and other, specify other: _____

Education

6. Basic preparation in nursing. Check one.

1. Diploma in nursing
2. Associate Degree in Nursing
3. Baccalaureate Degree in Nursing

7. Academic preparation beyond basic nursing preparation. Check highest (or most recent) degree.

1. None
2. Baccalaureate in nursing
3. Baccalaureate in another field
4. Masters in nursing
5. Masters in another field
6. Doctorate (Ph.D., Ed.D., D.N.Sc., D.P.H.)

8. Number of years since you completed your highest educational preparation in nursing.

1. 0 - 2 years
2. 3 - 5 years
3. 6 - 10 years
4. 11 - 15 years
5. Over 15 years

Professional reading

9. How many professional articles, on an average do you read per month. Check one.

1. None
2. 1 - 2 articles per month
3. 3 - 5 articles per month
4. 6 - 10 articles per month
5. More than 10 articles per month

Which nursing journals do you read regularly?

10. American Journal of Nursing

1. Yes
2. No

11. Nursing Outlook

1. Yes
2. No

12. R.N.

1. Yes
2. No

13. Tar Heel Nurse

1. Yes
2. No

14. Nursing Research

1. Yes
2. No

15. Other, specify: _____

1. Yes
2. No

Employment Data

16. Current employment. Check one only.

1. Employed full time in nursing (30 or more hours per week)
2. Employed part-time in nursing (Less than 30 hours per week)
3. Retired
4. Student and not working in nursing
5. Student and working part-time in nursing
6. Employed outside of nursing (specify kind of work)
7. Not employed

If You Are Not Currently Employed In Nursing, Please Go To Question Number 23.

If You Are Currently Employed In Nursing, Please Answer The Following Questions.

17, 18. Present employment. Check the kind of place where you work most of the time. Check one only.

01. Private duty (Hospital, home, etc.)
02. Hospital
03. Nursing home/Extended Care Facility
04. Doctor or Dentist's office
05. Local or State Health Agency
06. Comprehensive Health Organization (OEO, HMO, other)
07. Schools
08. College Infirmary and Student Health Offices
09. Industry
10. Licensed Practical Nurse Education Program
11. Associate Degree Nursing Program
12. Diploma Nursing Program
13. Baccalaureate and Higher Degree Nursing Program
14. Other, specify: _____

19, 20. What is your major clinical practice or clinical teaching area? Check one only.

01. General practice, all clinical areas.
02. Anesthesiology
03. Emergency room nursing
04. Medical nursing
05. Surgical nursing
06. Intensive coronary care
07. Intensive care
08. Family planning
09. Maternity nursing
10. Nursing care of infants
11. Nursing care of children
12. Geriatric nursing
13. Occupational health nursing
14. Psychiatric nursing
15. Public health nursing
16. School nursing
17. Rehabilitation nursing
18. Other, specify: _____

21. What type of position do you currently hold? Check one.

1. General duty or staff nurse
2. Head nurse or assistant
3. Supervising nurse or assistant
4. Consultant
5. Instructor
6. Private duty nurse
7. Other, specify: _____

22. How long have you been actively practicing nursing? Check one.

1. 0 - 2 years
2. 3 - 5 years
3. 6 - 10 years
4. 11 - 15 years
5. Over 15 years

If You Are Currently Employed, Please Go To Question Number 29.

If You Are Not Currently Employed, Please Answer The Following Questions.

23. How long has it been since you were employed full or part-time in nursing? Check one.

1. 1 - 12 months
2. 13 months - 2 years
3. 3 - 5 years
4. 6 - 10 years
5. Over 10 years

24. What was your main reason for withdrawing from the active practice of nursing? Check one only.

1. Family responsibilities
2. To return to school
3. To take a job in another field
4. Other, specify: _____

25. What conditions contributed to your decision to withdraw from nursing? Check one only.

1. Poor salary
2. Inability to practice as I wished
3. Both poor salary and inability to practice as desired
4. None of the above
5. Other, specify: _____

26. Do you plan to return to full or part-time nursing some time in the future? Check one.

1. Yes, within 6 months
2. Yes, within 1 year
3. Yes, within 5 years
4. Undecided
5. Do not plan to return to nursing

What would be the most persuasive factor in enabling you to return to nursing? Check one only.

1. Care for preschool age children
2. Care for school age children
3. Adequate transportation
4. Better salaries
5. Refresher course
6. A position of particular interest
7. Nothing would persuade me
8. Other, specify: _____

What would be the least persuasive factor in enabling you to return to nursing? Check one only.

1. Care for children
2. Adequate transportation
3. Better salaries
4. Refresher course
5. Other, specify: _____

Education

ing a degree

If you do not have a baccalaureate degree, are you interested in obtaining one? Check one.

1. Yes, in nursing
2. Yes, in another field
3. No

If you have a baccalaureate degree but not a masters degree, are you interested in obtaining one?

1. Yes, in nursing
2. Yes, in another field
3. No

If you have a masters degree but not a doctoral degree, are you interested in obtaining one?

1. Yes, in nursing
2. Yes, in another field
3. No

University Center

Which of the universities listed are you closest? (Within 50 miles) Check one only.

1. U.N.C. at Chapel Hill
2. U.N.C. at Charlotte
3. U.N.C. at Greensboro
4. East Carolina
5. Western Carolina
6. None of the above
7. Other, specify: _____

What, if anything prevents you from seeking education leading to a degree beyond what you have? Check yes or no for each statement.

Lack of finances

1. Yes
2. No

Geographic Location

1. Yes
2. No

Scholastic record

1. Yes
2. No

Family responsibilities

1. Yes
2. No

Lack of encouragement from employer, co-workers, family

1. Yes
2. No

Lack of information about available programs

1. Yes
2. No

Lack of opportunities for minority group members

1. Yes
2. No

Age

1. Yes
2. No

Interest in Continuing Education through short courses, workshops, conferences.

During the period October 1, 1970 to October 1, 1971, how many professional nursing conferences, short courses, or workshops did you attend? Check one.

1. None
2. One
3. Two
4. Three
5. Four
6. Five
7. More than five

42. How many short courses, conferences, or workshops would you have liked to attend?

1. None
2. One
3. Two
4. Three
5. Four
6. Five
7. More than five

43. What prevented you from attending short courses, conferences, or workshops you would have liked to attend? Check the one most important item.

1. Expense too great
2. Couldn't get time off
3. Inconvenience of program schedule
4. Family responsibilities
5. Distance to the program

44. Does your employing agency provide opportunities for attendance at conferences, short courses or workshops? Check one only.

1. Provides time off only
2. Provides both time off and payment of all or part of expenses
3. Provides neither time nor expenses
4. Other, specify: _____

45. Is there an orientation and/or inservice program available to you through your employing agency? Check one.

1. Orientation program only
2. Inservice program only
3. Both orientation and inservice programs
4. Neither orientation nor inservice

What are the areas of your special interest for continuing education? Answer yes or no for each statement.

46. New skills and techniques in patient care

1. Yes
2. No

47. New roles in nursing

1. Yes
2. No

48. Management of patient care

1. Yes
2. No

49. Investigation of patient care problems (nursing research)

1. Yes
2. No

50. Evaluation of patient care

1. Yes
2. No

51. Other, specify: _____

1. Yes
2. No

Professional Practice

Do you have an opportunity to use your knowledge, skill and abilities? Check one for each question.

52. To influence planning for patient care?

1. Most of the time
2. Some of the time
3. Rarely

53. To influence policies affecting patient care?

1. Most of the time
2. Some of the time
3. Rarely

54. To influence policies affecting you as an employee?

1. Most of the time
2. Some of the time
3. Rarely

55. To participate in the systematic investigation of patient care problems?

1. Most of the time
2. Some of the time
3. Rarely

56. To influence planning for nursing education?

1. Most of the time
2. Some of the time
3. Rarely

The North Carolina State Nurses Association is in the process of restructuring its program and services, and needs the help of all professional nurses in the state in determining its future direction. Please answer the following questions whether or not you are a member.

Please check appropriate column for each question.

What responsibilities should the North Carolina State Nurses Association assume in enabling you to meet your educational needs? Check one for each question.

	The NCSNA Should Assume Responsibility and Give			The NCSNA Should Not Assume Responsibility
	High Priority	Moderate Priority	Low Priority	4.
	1.	2.	3.	

57. Stimulate employers to provide inservice and other educational needs _____
58. Work with educational institutions to plan and coordinate educational programs for nurses _____
59. Provide consultation on resources for educational programs _____
60. Sponsor workshops and conferences on nursing practice _____
61. Provide information on educational opportunities for nurses in North Carolina _____

What responsibilities should the North Carolina State Nurses Association assume in helping you to provide high quality patient care? Check one for each question.

	The NCSNA Should Assume Responsibility and Give			The NCSNA Should Not Assume Responsibility
	High Priority	Moderate Priority	Low Priority	4.
	1.	2.	3.	

62. Provide standards and guides for the planning and evaluation of nursing care _____
63. Assist nurses to gain a voice in decisions affecting patient care _____
64. Work with other health disciplines in planning for the total health care of people in North Carolina _____

What responsibilities should the North Carolina State Nurses Association assume in helping you to improve our work situation (our employment situation)? Check one for each question.

	The NCSNA Should Assume Responsibility and Give			The NCSNA Should Not Assume Responsibility
	High Priority	Moderate Priority	Low Priority	4.
	1.	2.	3.	

65. Provide standards for nursing practice _____
66. Provide salary scales for nursing positions _____
67. Assist nurses to earn higher salaries _____
68. Assist nurses to secure better "fringe benefits" (sick leave, educational leave, retirement, etc.) _____
69. Assist nurses to get improved personnel policies _____

What information services should the North Carolina State Nurses Association provide? Check one for each question.

	The NCSNA Should Assume Responsibility and Give			The NCSNA Should Not Assume Responsibility
	High Priority	Moderate Priority	Low Priority	4.
	1.	2.	3.	

70. New developments in nursing practice _____
71. Legislation affecting nursing _____
72. What is going on in health care in North Carolina _____
73. Available health services for patients _____

What responsibilities should the North Carolina State Nurses Association assume in representing nursing?

	The NCSNA Should Assume Responsibility and Give			The NCSNA Should Assume Responsibility
	High Priority	Moderate Priority	Low Priority	
	1.	2.	3.	4.
74.	Planning for, promoting and interpreting legislation affecting nursing	_____	_____	_____
75.	Planning for the health of the people in North Carolina	_____	_____	_____
76.	Working with other health professionals in defining and clarifying roles in patient care	_____	_____	_____
77.	Working with community groups to interpret nursing	_____	_____	_____

What personal policies should the North Carolina State Nurses Association provide? Check one for each question.

	The NCSNA Should Assume Responsibility and Give			The NCSNA Should Assume Responsibility
	High Priority	Moderate Priority	Low Priority	
	1.	2.	3.	4.
78.	Counseling about jobs and education	_____	_____	_____
79.	Group rate insurance plans (life, hospital, and liability)	_____	_____	_____
80.	Retirement plans	_____	_____	_____

Please comment on your feelings about the North Carolina State Nurses Association and suggest responsibilities (other than those listed) which you feel the organization should assume.

Name: _____
 Address: _____
 County: _____

APPENDIX B

Appendix B

Table 31

Registered Nurses, Licensed in April 1972, by
Practice Status, County of Residence and Governor's Health Planning Region*

(1) Gov.'s Health Planning Region	(2) County of Resi- dence	(3) Number Practic- ing	(4) Number Regis- tered	(1) Gov.'s Health Planning Region	(2) County of Resi- dence	(3) Number Practic- ing	(4) Number Regis- tered
	Region				Region		
	<u>Total</u>	<u>218</u>	<u>255</u>		<u>Total</u>	<u>586</u>	<u>689</u>
A	Cherokee	26	33	E	Alexander	19	25
	Clay	3	3		Burke	273	309
	Graham	4	6		Caldwell	66	79
	Haywood	91	103		Catawba	228	276
	Jackson	49	60				
	Macon	25	27	F	Cabarrus	254	309
	Swain	20	23		Gaston	254	311
					Iredell	307	356
					Lincoln	56	71
B	Buncombe	633	752		Mecklen-		
	Henderson	160	203		burg	1831	2207
	Madison	12	14		Rowan	245	322
	Transylvania	38	47		Stanly	96	117
					Union	84	98
	Region						
	<u>Total</u>	<u>411</u>	<u>479</u>				
C	Cleveland	240	269				
	McDowell	31	41	G	Alamance	231	303
	Polk	30	41		Caswell	7	8
	Rutherford	110	128		Davidson	186	230
					Davie	31	37
					Forsyth	1234	1459
					Guilford	1149	1423
D	Alleghany	15	16		Randolph	88	116
	Ashe	15	19		Rockingham	198	227
	Avery	35	38		Stokes	15	22
	Mitchell	29	32		Surry	147	176
	Watauga	65	74		Yadkin	29	35
	Wilkes	84	95				
	Yancey	4	8				

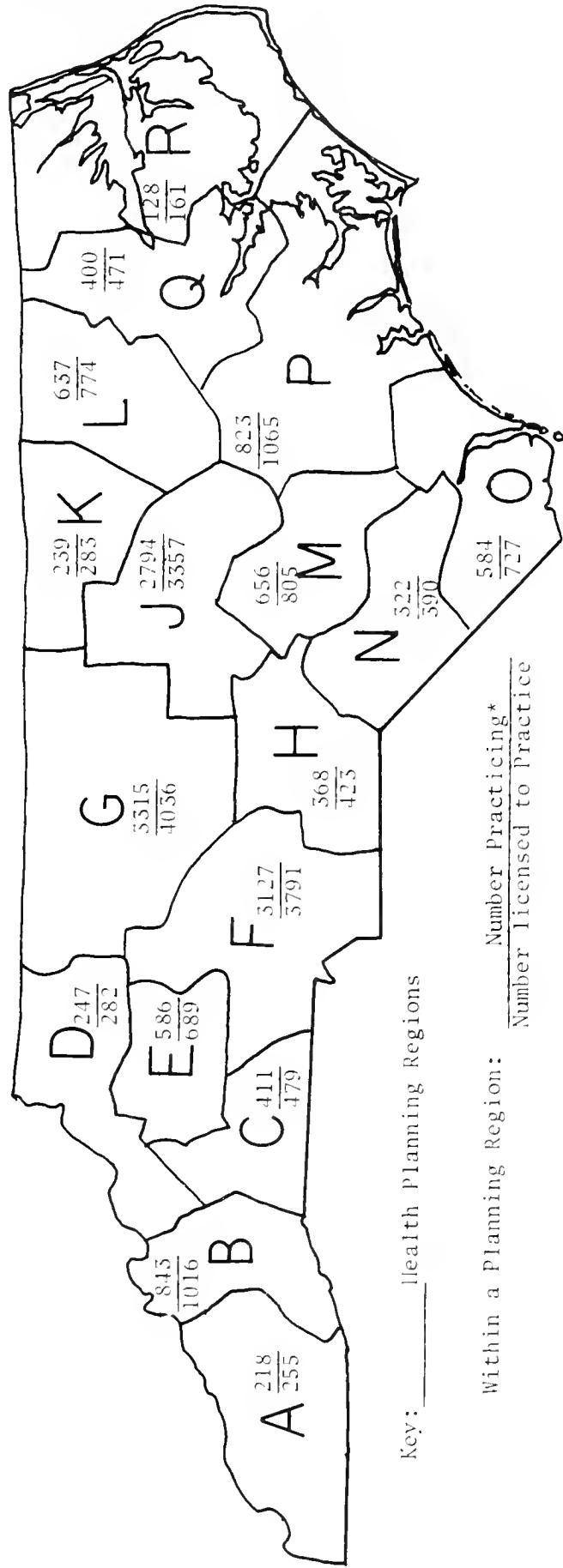
*Source: N.C. State Board of Nursing, Facts About Registered Nurses and Licensed Practical Nurses to Whom 1971-1973 Licenses Were Issued. April 1972.

(1) Gov.'s Health Planning Region	(2) County of Resi- dence	(3) Number Practic- ing	(4) Number Regis- tered	(1) Gov.'s Health Planning Region	(2) County of Resi- dence	(3) Number Practic- ing	(4) Number Regis- tered
	Region <u>Total</u>	<u>368</u>	<u>423</u>		Region <u>Total</u>	<u>584</u>	<u>727</u>
H	Anson	37	44	0	Brunswick	22	30
	Montgomery	34	42		Columbus	105	128
	Moore	195	225		New Hanover	426	535
	Richmond	102	112		Pender	31	34
	Region <u>Total</u>	<u>2794</u>	<u>3357</u>		Region <u>Total</u>	<u>823</u>	<u>1065</u>
J	Chatham	47	60	P	Cartaret	97	130
	Durham	1083	1243		Craven	121	154
	Johnston	97	125		Duplin	51	67
	Lee	86	100		Greene	5	7
	Orange	465	545		Jones	2	5
	Wake	1016	1284		Lenoir	181	223
	Region <u>Total</u>	<u>239</u>	<u>283</u>		Onslow	102	153
K	Franklin	32	39		Pamlico	3	9
	Granville	100	113		Wayne	261	317
	Person	45	54		Region <u>Total</u>	<u>400</u>	<u>471</u>
	Vance	52	64	Q	Beaufort	87	106
	Warren	10	13		Bertie	23	25
	Region <u>Total</u>	<u>637</u>	<u>774</u>		Hertford	66	73
L	Edgecombe	66	81		Martin	24	29
	Halifax	112	139		Pitt	200	238
	Northampton	19	23		Region <u>Total</u>	<u>128</u>	<u>161</u>
	Nash	213	264	R	Camden	2	5
	Wilson	227	267		Chowan	25	28
	Region <u>Total</u>	<u>656</u>	<u>805</u>		Currituck	1	3
M	Cumberland	505	623		Dare	2	11
	Harnett	79	101		Gates	5	5
	Sampson	72	81		Hyde	3	4
	Region <u>Total</u>	<u>322</u>	<u>390</u>		Pasquotank	61	72
N	Bladen	36	48		Perquimans	3	4
	Hoke	38	39		Tyrrell	7	7
	Robeson	163	206		Washington	19	22
	Scotland	85	97		TOTAL	<u>15,698</u>	<u>19,004</u>

Appendix B

Map 3

Distribution of Licensed Registered Nurses by Health Planning Region
and by Self-reported Practice Status, April 1972.



Within a Planning Region: Number Practicing*
Number Licensed to Practice

* Included nurses maintaining home address in the county. The individual may or may not be practicing outside of the state or elsewhere within the state.

Source: N. C. State Board of Nursing, Facts about Registered Nurses and Licensed Practical Nurses to Whom 1971-1972 Licenses Were Issued, April 1972

APPENDIX C

Appendix C
Table 32
Interest in 8accalaureate Degree in Nursing or Another Field
According to "Closest University" and Expressed Constraints

	Lack of Finances n (%)	Geographic Location n (%)	Scholastic Record n (%)	Family Responsibility n (%)	Lack of Encouragement n (%)	Lack of Information n (%)	Minority Lack of Opportunity n (%)	Total With No Degree in 50-Mile Radius N
<u>UNC-CH</u> <u>Nursing</u>	239 (20.8)	74 (12.7)	21 (21.6)	236 (17.9)	73 (17.4)	166 (18.9)	44 (21.5)	839
Other	27 (16.2)	10 (11.1)	3 (21.4)	39 (19.9)	18 (25.4)	23 (19.2)	4 (22.2)	11 (33.3)
<u>UNC-C</u> <u>Nursing</u>	271 (23.6)	86 (14.8)	21 (21.6)	338 (25.6)	112 (26.7)	203 (23.1)	48 (23.4)	1038
Other	41 (24.6)	12 (13.3)	5 (35.7)	38 (19.4)	12 (16.9)	17 (14.2)	2 (11.1)	7 (21.2)
<u>UNC-G</u> <u>Nursing</u>	241 (21.0)	69 (11.8)	22 (22.7)	266 (20.1)	86 (20.5)	194 (22.1)	35 (17.1)	940
Other	51 (30.5)	20 (22.2)	4 (28.6)	56 (28.6)	23 (32.4)	42 (35.0)	6 (33.3)	8 (24.2)
<u>ECU</u> <u>Nursing</u>	119 (10.3)	79 (13.6)	12 (12.4)	152 (11.5)	48 (11.5)	88 (10.0)	21 (10.2)	454
Other	10 (6.0)	5 (5.6)	0 (0)	13 (6.6)	2 (2.8)	8 (6.7)	2 (11.1)	2 (6.1)
<u>WCU</u> <u>Nursing</u>	61 (5.3)	28 (4.8)	4 (4.1)	86 (6.5)	28 (6.7)	46 (5.2)	7 (3.4)	240
Other	5 (3.0)	4 (4.4)	1 (7.1)	5 (2.6)	3 (4.2)	4 (3.3)	0 (0)	1 (3.0)
<u>None</u> <u>Nursing</u>	152 (13.2)	203 (34.8)	9 (9.3)	162 (12.3)	47 (11.2)	111 (12.7)	30 (14.6)	542
Other	21 (12.6)	35 (38.9)	1 (7.1)	25 (12.8)	7 (9.9)	17 (14.2)	4 (22.2)	3 (9.1)
<u>Other</u> <u>Nursing</u>	67 (5.8)	44 (7.5)	8 (8.2)	82 (6.2)	25 (6.0)	69 (7.9)	20 (9.8)	270
Other	12 (7.2)	4 (4.4)	0 (0)	20 (10.2)	6 (8.5)	9 (7.5)	0 (0)	1 (3.0)
COLUMN TOTALS:								
Nursing	1150 (100.0)	583 (100.0)	97 (100.0)	1322 (100.0)	419 (100.0)	877 (100.0)	205 (100.0)	229 (100.0)
Other	167 (100.0)	90 (100.0)	14 (100.0)	196 (100.0)	71 (100.0)	120 (100.0)	18 (100.0)	33 (100.0)

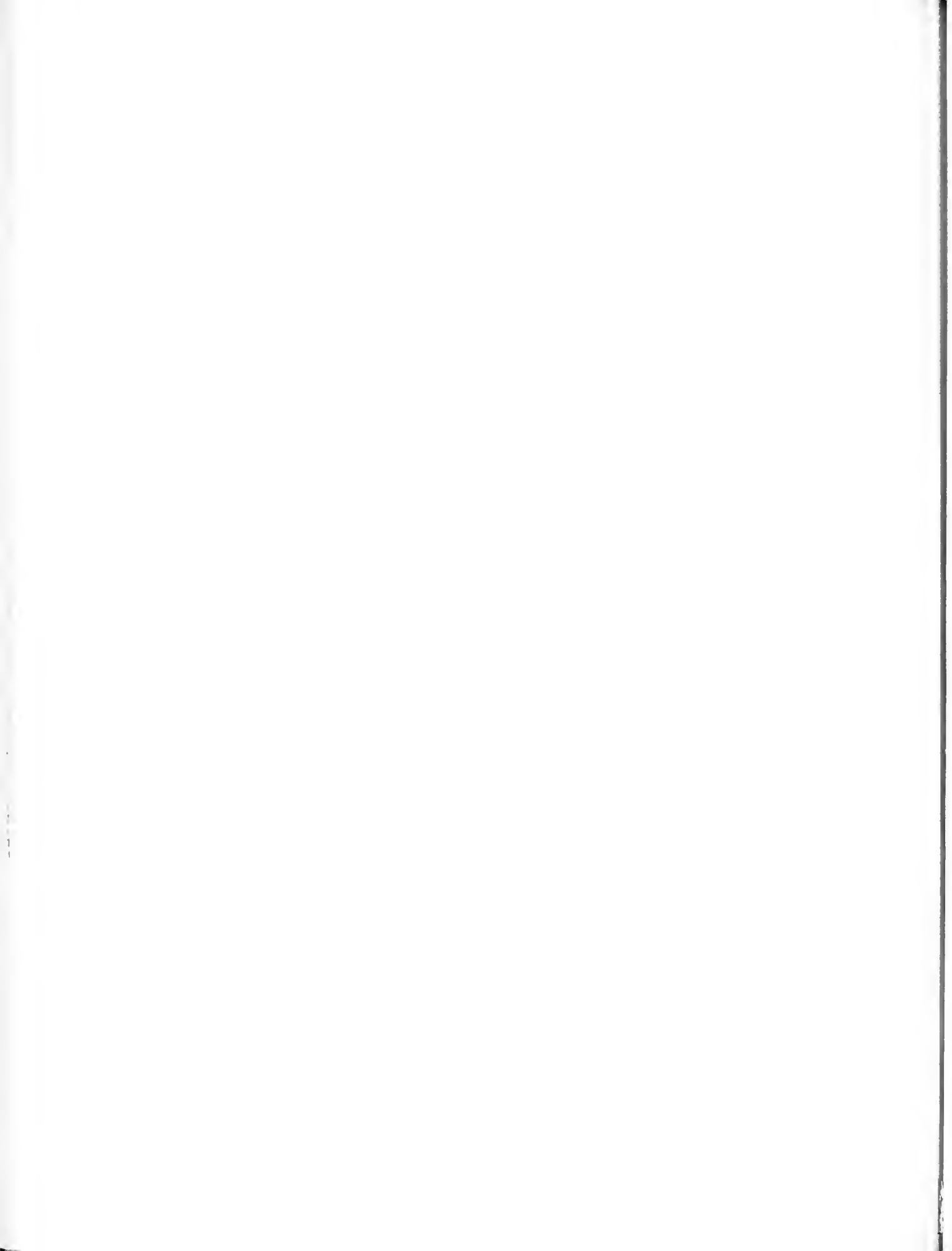
APPENDIX D

Appendix D

Table 33

Percent of Respondents Interested And Not Interested In
Each Subject Area For Continuing Education, By Region

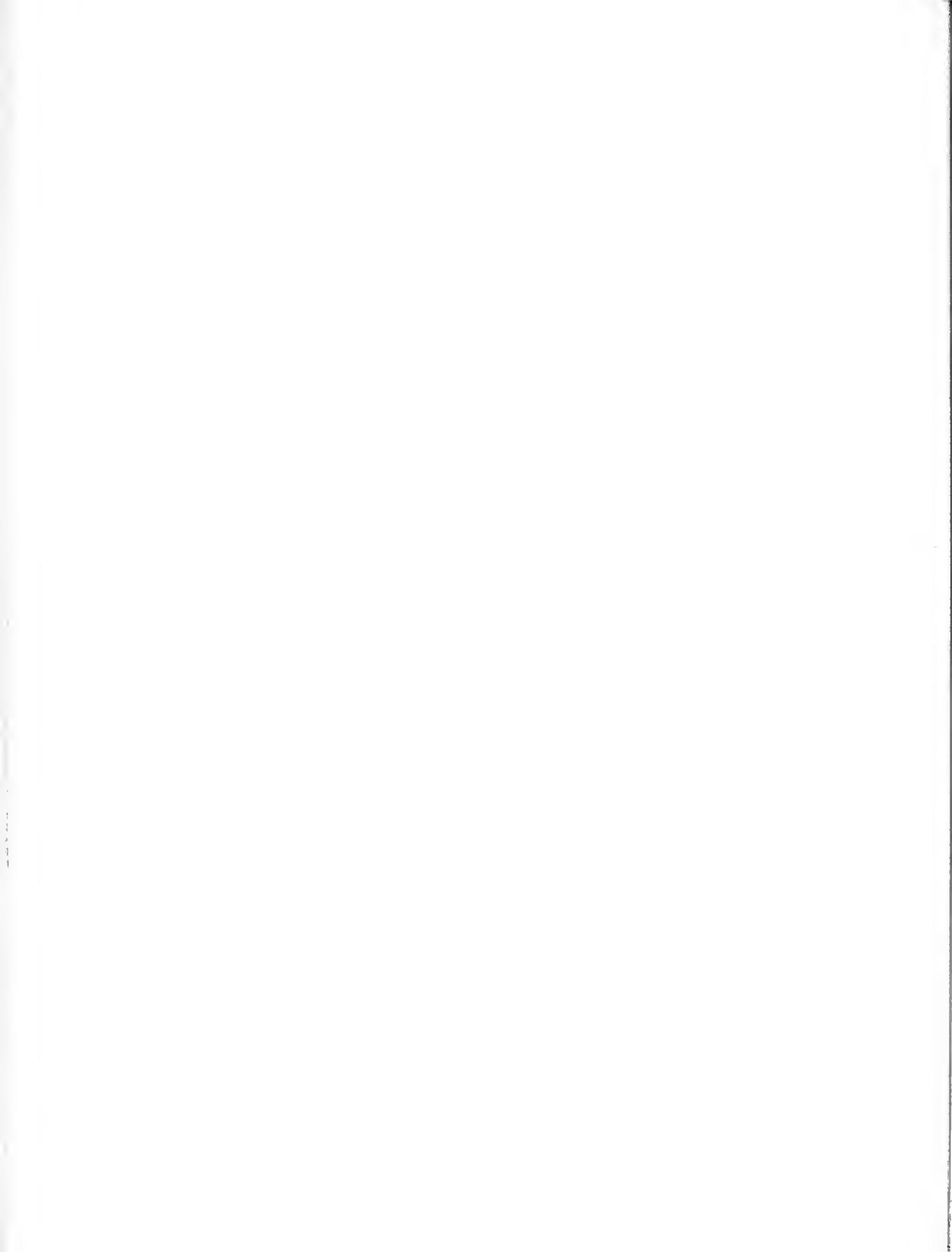
Region	Subject Area	Number Responding	Percent Interested	Percent Not Interested
A				
	New skills and techniques in patient care	67	90	10
	New roles in nursing	64	88	12
	Management of Patient Care	69	87	13
	Investigation of Patient Care Problems (Nursing Research)	64	70	30
	Evaluation of Patient Care	65	75	25
B				
	New skills and techniques in patient care	234	93	7
	New roles in nursing	229	83	17
	Management of Patient Care	231	87	13
	Investigation of Patient Care Problems (Nursing Research)	225	68	32
	Evaluation of Patient Care	226	79	21
C				
	New skills and techniques in patient care	76	91	9
	New roles in nursing	77	87	13
	Management of Patient Care	73	89	11
	Investigation of Patient Care Problems (Nursing Research)	72	72	28
	Evaluation of Patient Care	71	86	14



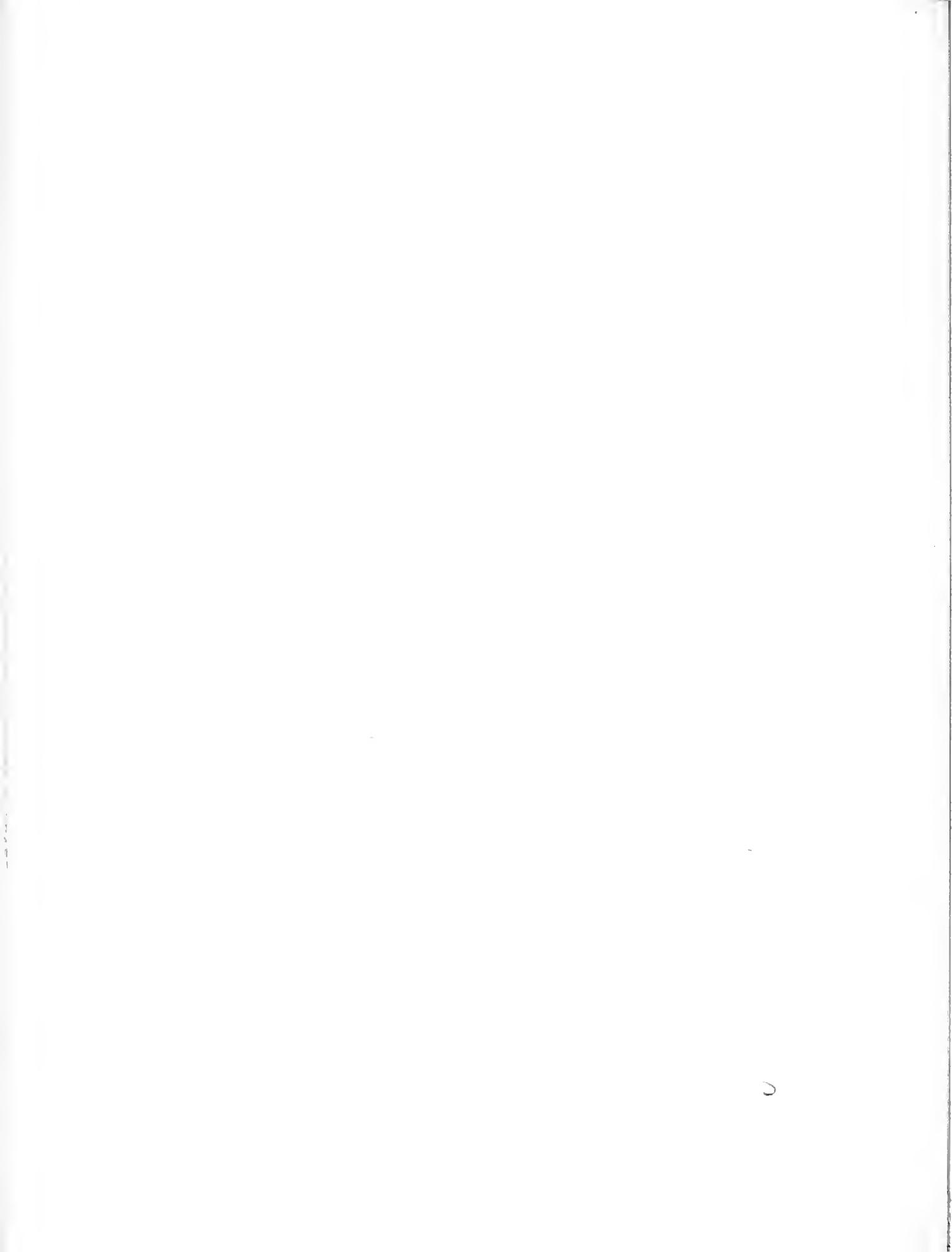
	<u>Subject Area</u>	Number <u>Responding</u>	Percent <u>Interested</u>	Percent <u>Not Interested</u>
D	New skills and techniques in patient care	70	97	3
	New roles in nursing	68	78	22
	Management of Patient Care	65	92	8
	Investigation of Patient Care Problems (Nursing Research)	64	64	36
	Evaluation of Patient Care	64	80	20
	<u>Subject Area</u>			
E	New skills and techniques in patient care	158	94	6
	New roles in nursing	158	86	14
	Management of Patient Care	155	88	12
	Investigation of Patient Care Problems (Nursing Research)	151	67	33
	Evaluation of Patient Care	152	82	18
	<u>Subject Area</u>			
F	New skills and techniques in patient care	667	94	6
	New roles in nursing	642	84	16
	Management of Patient Care	643	85	15
	Investigation of Patient Care Problems (Nursing Research)	627	67	33
	Evaluation of Patient Care	632	79	21
	<u>Subject Area</u>			
G	New skills and techniques in patient care	808	93	7
	New roles in nursing	784	81	19
	Management of Patient Care	785	85	15
	Investigation of Patient Care Problems (Nursing Research)	773	64	36
	Evaluation of Patient Care	774	80	20
	<u>Subject Area</u>			

		<u>Number Responding</u>	<u>Percent Interested</u>	<u>Percent Not Interested</u>
<u>Subject Area</u>				
H	New skills and techniques in patient care	76	95	5
	New roles in nursing	74	85	15
	Management of Patient Care	73	92	8
	Investigation of Patient Care Problems (Nursing Research)	71	75	25
	Evaluation of Patient Care	73	86	14
<u>Subject Area</u>				
J	New skills and techniques in patient care	646	91	9
	New roles in nursing	637	81	19
	Management of Patient Care	627	84	16
	Investigation of Patient Care Problems (Nursing Research)	622	63	37
	Evaluation of Patient Care	631	84	16
<u>Subject Area</u>				
K	New skills and techniques in patient care	48	90	10
	New roles in nursing	47	85	15
	Management of Patient Care	47	89	11
	Investigation of Patient Care Problems (Nursing Research)	44	55	45
	Evaluation of Patient Care	44	80	20
<u>Subject Area</u>				
L	New skills and techniques in patient care	130	94	6
	New roles in nursing	126	88	12
	Management of Patient Care	122	91	9
	Investigation of Patient Care Problems (Nursing Research)	120	74	26
	Evaluation of Patient Care	123	88	12

		<u>Number Responding</u>	<u>Percent Interested</u>	<u>Percent Not Interested</u>
	<u>Subject Area</u>			
M	New skills and techniques in patient care	192	93	7
	New roles in nursing	190	86	14
	Management of Patient Care	189	86	14
	Investigation of Patient Care Problems (Nursing Research)	182	65	35
	Evaluation of Patient Care	185	87	13
N	New skills and techniques in patient care	68	94	6
	New roles in nursing	64	93	6
	Management of Patient Care	64	86	14
	Investigation of Patient Care Problems (Nursing Research)	66	76	24
	Evaluation of Patient Care	62	90	10
O	New skills and techniques in patient care	117	91	9
	New roles in nursing	113	76	24
	Management of Patient Care	112	86	14
	Investigation of Patient Care Problems (Nursing Research)	112	59	41
	Evaluation of Patient Care	113	74	26
P	New skills and techniques in patient care	184	95	5
	New roles in nursing	182	90	10
	Management of Patient Care	179	88	12
	Investigation of Patient Care Problems (Nursing Research)	172	65	35
	Evaluation of Patient Care	172	79	21



	<u>Subject Area</u>	<u>Number Responding</u>	<u>Percent Interested</u>	<u>Percent Not Interested</u>
Q	New skills and techniques in patient care	100	95	5
	New roles in nursing	94	88	12
	Management of Patient Care	95	91	9
	Investigation of Patient Care Problems (Nursing Research)	95	65	35
	Evaluation of Patient Care	95	89	11
	<u>Subject Area</u>			
R	New skills and techniques in patient care	40	100	0
	New roles in nursing	45	91	9
	Management of Patient Care	41	90	10
	Investigation of Patient Care Problems (Nursing Research)	38	68	32
	Evaluation of Patient Care	38	82	18







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